

Carteret County Schools School Medication Administration Physician's Authorization Form

Name of Student: _____ School : _____

Medication: _____ Dosage: _____

Time(S) medication is to be given: am _____ pm _____ Dates to be given : _____

Significant Information: Side effects, toxic reactions, omission reactions _____

Contraindications for Administration: _____

If an emergency situation occurs during the school day, or if the student becomes ill, school officials may call me at the office: _____ Phone: _____

Take child immediately to the emergency room at Carteret General Hospital

Physician's Signature

Date

Medication for use at school will be furnished and delivered by the parent/guardian in a container properly labeled by a pharmacist with the identifying information (i.e. name of student, medication dispensed, Dosage prescribed and time of administration)

Parent's permission

I hereby give my permission for my child (named above) to receive medication during school hours. This medication has been prescribed by a physician. I hereby release the School Board and their agents and employees from all liability that may result from my child taking the prescribed medication. I give permission for the nurse to discuss this medication, the contents of this form and its effects if necessary with the physician. This consent is valid for the school year unless revoked.

Parent/Guardian

Phone Number

Date

Reviewed by School Nurse

Date

For self- administration:

_____ Student has demonstrated understanding of and ability to self- administer asthma medication, diabetes medication, or medication for anaphylactic reactions and may carry and self- administer as prescribed. A written statement, treatment plan and written emergency protocol developed by the student's health care provider must accompany this authorization in accordance with requirement state in G.S. 115C-375.2.

Self-Administering of Emergency Medications Agreement:

1. Plans to keep inhaler, equipment, and/or epinephrine auto-injector with student at school
2. Agrees to use inhaler, equipment, and/or epinephrine auto-injector in a responsible manner, in accordance with the student's health care provider
3. Will notify the school staff (i.e. school nurse, teacher) if having more difficulty than usual with health condition
4. If used in a manner other than prescribed, the school may impose disciplinary action according to disciplinary policy

Physician

Student