

Wayne County Public Schools
School Health Form
AUTHORIZATION FOR MEDICATION TO BE GIVEN DURING SCHOOL HOURS
SCHOOL YEAR _____

Name of Student: _____ DOB: _____ School: _____

Teacher/Grade: _____ Parent/Legal Guardian: _____ Phone #: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER

Medication: _____ Dosage: _____ Route: _____

Time(s) medication is to be given: _____ a.m. _____ p.m.

Diagnosis for Medicine: _____ Allergies: _____

To be given: _____ for the remainder of the school or from (date) _____ to _____

Side Effects/Precautions/Omission Reactions: _____

Contraindications for administration *if applicable* _____

_____ School personnel should administer medication

_____ Student has demonstrated ability and understands the use of and may carry and self-administer medication

1. Wayne County Public Schools accepts no responsibility or liability for students who self-medicate.
2. Parent/guardian must provide extra medication, if emergency medication, in current container and properly labeled in case of emergency that will be replaced when it expires.
3. A written statement, treatment plan and written emergency protocol developed by student's health care provider must accompany this authorization form, if emergency medication for diabetes, asthma, and/or severe allergy, in accordance with requirements stated in G.S.115C-375.2.
4. The student must also have a self-administration agreement on file (see back of form).

If an emergency situation occurs during the school day or if the student becomes ill, school officials will call parents and/or 911 as appropriate. ***If other measures are needed***, please indicate:

_____ Contact me at my office Telephone Number: _____

_____ Other option: _____

This medicine will be furnished by a parent or guardian in appropriate pharmacy labeled container for prescription medicine and factory labeled container for over-the-counter.

Physician's Signature

Date

TO BE COMPLETED BY PARENT/GUARDIAN

My signature in the space below assures that:

1. As parent/guardian of above student, I hereby give permission for Goldsboro Pediatric or (other) _____ to release the above information to Wayne County Public Schools;
2. I hereby request and give my permission for my child (named above) to receive this (stated) medication at school;
3. I assume full responsibility and will inform school staff of any medication changes or health status;
4. I hereby release Wayne County Board, their agents, and employees from any liability that may result from medication administration;
5. I will provide a new medication form each school year and each time the dose/medication changes;
6. I understand this form is good for the school year, unless revoked;
7. I agree to furnish the medication in an original, properly labeled pharmacy or store container and replace the medication when it expires;
8. I will pick-up any unused/discontinued medication as indicated during (or by the end of) the school year;
9. I understand that medications are given/supervised by non-medical personnel and that a licensed physician/provider has prescribed this medication; and,
10. I acknowledge that, if health care provider indicates self-medication by my child, that he/she will safely carry and administer the medication, and will not share this medication with anyone.

Signature of Parent or Guardian

Telephone

Date

Six month renewal parent signature for Pre-K/ECDS 12 and under only

Telephone

Date

TO BE COMPLETED BY SCHOOL NURSE FOR SELF-ADMINISTER MEDICATIONS

_____ Student demonstrates knowledge, ability, and responsibility to safely keep, carry, and administer medication

Signature of School Nurse

Date

TO BE COMPLETED BY STUDENT FOR SELF-ADMINISTER MEDICATIONS

My signature below assures that:

1. I have demonstrated the use of my medication to the school nurse.
2. I plan to keep my medication and equipment with me at school.
3. I will use only as prescribed by my doctor.
4. I will not allow any other person to use my medication.
5. I will notify a school staff member if I am having more difficulty than usual with my health conditions.

Signature of Student

Date

Wayne County Board of Education Policy Code: 6125 Medication Administration

The Wayne County Board of Education recognizes that students may need to take medication during school hours. School personnel may administer drugs or medication prescribed by a healthcare practitioner upon the written request of the parents. To minimize disruptions to the school day, medicines should be taken at home rather than at school whenever feasible. Although efforts should be made not to disrupt instructional time, a parent has the right to administer medication to his or her children at any time while the child is on school property. School employees are authorized to administer medication upon completion of training by the school nurse and only when all of the following conditions have been met:

- 1) The student's parent or legal guardian must make a written request that school personnel administer the drug or medication to the student and sign the Wayne County Public Schools Medication Authorization Form providing permission.

- 2) A healthcare practitioner must prescribe the medication, certify that administration of medication to the student during the school day is necessary, and provide written instructions for administration; i.e., name of medication, dosage, time, route of administration, and reason for giving the medication.

- 3) The parent/legal guardian must provide the medication to school officials in the original pharmacy or store labeled container with directions consistent with those on the Medication Authorization Form.

- 4) Students who are at risk for medical emergencies must have an emergency health care plan developed for them and updated each school year to address emergency administration of medicine.

- 5) Students who self-medicate must bring the completed authorization form, indicating permission to self-medicate.

- 6) Students will have access to medicines during field trips and during other school sponsored activities with the appropriate documentation; however, it is the parent's responsibility to notify staff of their child's need for emergency medications during extracurricular activities (i.e. choral trips, athletic contests, tutoring, etc.).

- 7) School personnel will not administer medications, prescribed or over-the-counter, to students without the authorization form, without receiving the medication in an appropriate pharmacy labeled container for prescribed medication and factory labeled container for over-the-counter. This applies to students who self-medicate as well. There will be no exceptions to this policy.

- 8) The medication administration form is valid for one school year only.