Franklin County Schools- School Health Services
Request for Medication to be given During School Hours

Student Name: _____ DOB: _____ School:_____ Year: _____

	Purpose for Administration	Name of Medication	Dosage	Route	Time(s)/Reasons to Give **Medications will be administered within 30 minutes of prescribed time	Discontinue Date
Daily Medications	☐ ADHD ☐ Seizures ☐ Diabetes ☐ Other:_____					
As Needed Medications						
Emergency Medications	Seizures Type_____	☐ Diastat Gel	☐ 10 mg ☐ 12.5 mg ☐ 15 mg ☐ 20 mg ☐ Other: _____	Rectal	☐ At onset of seizure ☐ After 5 minutes ☐ After 10 minutes ☐ Other: _____	
	Allergies	**Provider - please complete the AAP Allergy and Anaphylaxis Emergency Plan for any student who requires management of potential anaphylaxis at school.**				
Asthma		☐ Albuterol ☐ Xopenex	☐ 2 puffs ☐ Other: _____	Inhaler	☐ 10-15 minutes prior to exercise as needed to prevent symptoms ☐ Every 4 hours as needed for coughing, wheezing, etc.	

Provider Stamp

Contraindications for Administration or Potential Side Effects _____

Student is able to carry and self-administer medication * (no controlled medications): ☐ **Yes** ☐ **No**

Physician Name/Signature:_____ Phone: _____ Date:_____

Parent Permission: I hereby give permission for my child to receive the above medication during school hours. This medication has been prescribed by a licensed physician. I hereby release the School Board and their agents and employees from all liability that may result from my child taking the above medication. I have read and agree to follow the policy guidelines on the back of this form. * If this is a self-administered medication I understand the school nurse will meet with my child and determine competency. I authorize the exchange of any medical information between my child's physician and the Franklin County school nurse that may be necessary to provide care for my child.

Parent Signature:_____ Date:_____ My child may self-administer medication if his/her physician agrees* ☐ **Yes** ☐ **No**

School Nurse Signature: _____ Date: _____

Revised 5/2016

Franklin County School Health Services

Guidelines Regarding Administration of Medication in Elementary School

Dear Parent,

Franklin County Schools has a written policy (policy 6125) in place to assure the safe administration of medication to students during the school day. Medications administered during school hours should be kept to a minimum. However, if your child must receive medication of any type during school hours, including over-the-counter medications, you have the following options:

1. You may come to school and give the medication to your child at the appropriate time(s).

2. Discuss with your child's doctor an alternative schedule for administering medication outside of school hours.

3. You may obtain a copy of medication forms from the school nurse or school secretary.

- **For medications managed by school personnel (prescription and over-the-counter)**: A "Request for Medication to Be Given During School Hours" form must be completed by your child's doctor which includes the name of the medication to be given, the dosage of the medication, and times the medication is to be given during school hours. This form must be signed by your child's doctor and by you, the parent/guardian. **Prescription medications must be brought to school by the parent or guardian in a pharmacy-labeled bottle/container which contains instructions on how and when the medication is to be given. The pharmacy label must match the doctor's order. Over-the-counter medications must be brought to school by the parent or guardian in the original container and will be administered according to the doctor's order. ***All medications must be picked up by an adult no later than 3:00 p.m. on the last scheduled teacher workday. After this all remaining medication will be discarded by the school nurse.**

- **For prescription medications managed by the student:** In accordance with N.C. law, students who require medication for asthma, anaphylactic reactions, and diabetes may need to carry and self-administer their medications. A physician's authorization, parent permission, and a student agreement for self-carried medication must be completed. Students must demonstrate the necessary knowledge and developmental maturity to safely assume responsibility to self-administer these emergency medications. **Students are NOT allowed to self-manage controlled medications such as ADD/ADHD medications and/or narcotics.**

School personnel will not administer any medication(s) to students until properly completed medication and permission forms are received, and the medication is brought to school in a properly labeled container. To protect the safety of your child, there will be no exceptions to this policy.

If you have questions about the medication policy, or other concerns related to the administration of medication to your child at school, please contact your school nurse at: Fax:

Thank you for your cooperation,

_____ School Nurse _____ Principal