

CAROLINE COUNTY PUBLIC SCHOOLS

Authorization/Parental Consent for Administering Medications
THE SCHOOL ASSUMES NO RESPONSIBILITY FOR NON-MEDICALLY PRESCRIBED MEDICATION
ADMINISTERED BY THE STUDENT HIM/HERSELF.

Student: _____

DOB: _____ Last _____ First _____ Middle _____
Grade: _____ Allergies: _____

NON-Prescription Medication: _____

Dosage (amount): _____ Reason: _____
(If medication is needed for more than 5 days, a physician's signature is needed.)

Parental Consent:

I am the parent/guardian of the above student. I give my permission for him/her to take the following prescribed medication while at _____ school. I hereby release Caroline County Schools and its employees from any claim or liability connected with its reliance on this permission and agreed to indemnify, defend and hold them harmless from any claim or liability connected with such reliance. I authorize a representative of the school to share information regarding this medication with the licensed prescriber.

PARENT/GUARDIAN SIGNATURE DAYTIME PHONE DATE

MEDICATION AUTHORIZATION

(To be completed by licensed prescriber ONLY)

Relevant Diagnosis _____ Medication _____

Dosage _____ Route _____ Form _____

Time of Day (frequency) _____ Side Effects _____

Dates to be administered at school: _____ Short term/Dates to be given _____

_____ Every day at school

_____ Episodic/Emergency events ONLY

Asthmatics and Injectable Medications:

The student is both capable and responsible for self-administering this medication:

_____ NO _____ YES-Supervised _____ YES – Unsupervised

This student may carry this medication: _____ NO _____ YES

Licensed Prescriber's Name _____

Licensed Prescriber's Signature _____

Phone Number _____ Emergency Number _____ Date _____

(Medication Form valid for one school year. Return to school nurse with medication)

MEDICATION ADMINISTRATION TO STUDENTS

A. PRESCRIPTION MEDICATIONS

Caroline County Public Schools personnel may give prescription medication to students only with a physician's written order and written parental/guardian consent. Such medicine must be in the original container and delivered to the principal, school nurse, or school division designee by the parent/guardian of the student.

B. NON-PRESCRIPTION MEDICATIONS

Caroline County Public School personnel may give non-prescription medications to students only with written permission from the parent/guardian. Such permission shall include the name of the medications, the dosage, and the time to be administered. Medication must be in the original container and delivered to the principal, school nurse, or school division designee by the parent/guardian of the student. In order for a non-prescription medication to be given to the student for more than five days, written permission from the child's physician is required.

C. SELF-ADMINISTRATION OF MEDICATION

Self-administration of any medication is prohibited for students in grades kindergarten through eight. Students in grades nine through twelve may be allowed to possess and self-administer non-prescription medication if:

1. Written parental permission for self administration of non-prescription medication is on file with the school.
2. The non-prescription medication must be in the original container and appropriately labeled with manufacturer's directions.
3. Student's name must be affixed to the container.
4. The student possesses only the amount on non-prescription medicine needed for one school day.

Sharing, borrowing, distributing, manufacturing or selling any medication is prohibited. Permission to self administer medication may be revoked if the student violates this policy, and the student may be subject to disciplinary action in accordance with the Standards Code of Student Conduct.

D. SELF-ADMINISTRATION OF ASHTMATIC MEDICATION OR EPINIPHERINE

Students with a diagnosis of asthma or severe allergies are permitted to carry and self-administer such medications as prescribed by their physician.

In order for a student to possess and self-administer such medications the following must be met:

1. Written parental consent must be on file that the student may self-administer such medications.
2. A written order from the student's health care provider must be on file with the school, indicating the identity of the student, the diagnosis, and approving self-administration of medication. The order will include medication name, dosage, frequency, route, and circumstances which may warrant its use. The health care provider must attest to the student's demonstrated ability to safely self-administer such medication.
3. A Health care plan must be prepared to include emergency procedures for any life-threatening conditions.
4. Information regarding the health condition of the student must be disclosed to school board employees complying with state and federal law governing the disclosure of information contained in student scholastic records.

Permission granted to a student to possess and self-administer inhaled asthma medication or injectable epinephrine will be effective for a period of one school year, and must be renewed annually. However, a student's right to possess and self-administer such medications may be limited or revoked after appropriate school personnel consult with the student's parents.