

## **~~Transylvania County Schools~~**

### **~~Information Regarding Medication Administration During School Hours~~**

~~The staff of Transylvania County Schools will administer during school hours no prescription medication nor any non-prescription medication for more than three consecutive days unless it is deemed necessary by a physician or health care provider and that person as well as the parent/guardian completes the medication administration form. Transylvania County Schools will administer non-prescription medication for three consecutive or fewer school days provided the parent/guardian completes the medication administration form.~~

~~School staff will administer medication orally, topically, or through a breathing treatment, such as a nebulizer or inhaler. Transylvania County Schools will comply with the provisions of G.S. 115C-307(e), which states that non-medical personnel cannot be required to do medical procedures in the school setting. Injections will be administered only in cases of emergency, such as allergic reactions or diabetic crises.~~

~~Prescription medication will be administered only from an appropriate container, properly labeled by a pharmacist, including pertinent dosage information for the school situation. Non-prescription medication must be in the original container and clearly labeled with the student's full name. No medication will be administered that is not properly labeled.~~

~~Parents/guardians are responsible for providing medication to schools in appropriately labeled containers, as listed above, along with necessary administration supplies. The medication will be delivered by the parent/guardian to a school staff member. No medication will be transported on the school bus with the exception of emergency medications.~~

#### ~~Guidelines for Proper Completion of the Form on the Back of This Sheet~~

- ~~▪ Students who require the administration during school hours of non-prescription medication for three consecutive or fewer school days must have the form on the other side of this sheet completed by the parent/guardian.~~
- ~~▪ Students who require the administration during school hours of prescription medicine and/or non-prescription medication for more than three consecutive school days must have *both* the parent/guardian and health care provider complete the form on the other side of this sheet.~~

# ~~Transylvania County Schools~~

### **Request for Medication To Be Given During School Hours**

**~~Please read important information on the other side of this form.~~**

~~To be completed by the health care provider and the parent/guardian for the administration of prescription drug(s) and/or non-prescription drugs for more than three consecutive school days. Only the parent/guardian's signature is required for the administration of non-prescription drugs for three or fewer consecutive school days or when a high school student is self-medicating (Students at the high schools will be allowed to self-medicate for the remainder of the 2005-2006 school year).~~

Student Name \_\_\_\_\_

\_\_\_\_\_ *Last Name* \_\_\_\_\_ *First Name* \_\_\_\_\_ *Middle Initial*

School \_\_\_\_\_

Medication and dosage \_\_\_\_\_

## Administration instructions

Significant information \_\_\_\_\_

Dates for duration of medication administration \_\_\_\_\_

Health Care Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider's Phone # \_\_\_\_\_ DEA # \_\_\_\_\_

~~To be completed by the parent/guardian:~~

I am aware of the Transylvania County Schools medication policies. I give my permission for the above-named student to receive this medication during school hours. I understand that the school undertakes no responsibility for the administration of the medication. I release the Transylvania County Board of Education and their agents and employees from any and all liability that may result from my child's taking the medication(s) listed on this form.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_