



Roxboro Community School

"We place children first."™

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www.roxborocommunityschool.org

MEDICATION PERMISSION FORM & POLICY

This form must be completed by a **health care provider** and **parent** before any medication (over-the-counter or prescription) can be administered at school.

Student name _____ School _____ Grade: ____ D.O.B.: _____ M/F

HEALTH CARE PROVIDER: Please complete a separate form for each medication to be administered at school.

Medication _____ **Dosage** _____ **Route** _____

Frequency _____ **Time(s) to be given at school** _____

Possible side effects: _____

Special Instructions: _____

Date of order: _____ Discontinuation date: _____

Diagnosis _____ Drug/Food Allergies: _____

Name of licensed prescriber: _____

print

Signature of licensed prescriber: _____ Date: _____

Address: _____ Phone: _____

Consent for self-administration: The student has been instructed to self-administer medication and may do so at school. Yes____ No____ (The school nurse must determine it to be safe and appropriate.)

PARENT/GUARDIAN:

Print Name: _____ Relationship to student _____

Signature of School Nurse: _____

SCHOOL MEDICATION ADMINISTRATION POLICY

The school nurse is responsible for the administration of all medication. For school-day sponsored field trips and for certain medications, the school nurse can delegate medication administration to trained personnel under the supervision of the nurse.

The medication permission form must be completed and be on file in the Health Office before any medication is administered.

The following statements highlight the main points of the policy. The entire policy is available in each health room, at the Health and Human Services Department and on the web site www.newtonma.gov

- Medication administration should be scheduled at times other than during school hours, whenever possible.
- All medication must be delivered by the parent/guardian or designated adult.
- Only a 30-day supply of medication will be accepted at any time.
- All medication must be delivered in a pharmacy or manufacturer labeled container.
- The school nurse must be notified **in advance** if medication is scheduled to be administered during a field trip.
- **This Medication Permission Form must be renewed at the beginning of each school year.**

Over-the-counter medication will be treated the same as prescription medication.

This means that medications such as Tylenol, Benadryl, Advil, etc., require a written order from a health care provider and a supply of the medication provided by the parent.
