



## GREEN CHARTER SCHOOL

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### AUTHORIZATION FOR PRESCRIPTION MEDICATION AT SCHOOL (MUST BE SIGNED BY PARENT AND PHYSICIAN)

**PLEASE PRINT**

**SCHOOL YEAR:** \_\_\_\_\_

<b>Student Name:</b>	<b>Date of Birth:</b>
<b>Legal Guardian:</b>	<b>Daytime Phone:</b>
<b>Name of Medication:</b>	<b>Dosage:</b>
<b>Purpose of Medication:</b>	<b>Route:</b>
<b>Time of day medication to be given at school</b> (Be Specific; Lunch times vary): _____	<b>Period of time medication to be given</b> (choose one): ____ # School Days    ____ # Weeks ____ Until the end of the current school year
<b>Date to Start medication:</b> _____	
<b>Date to Stop medication:</b> _____	
<b>Possible Side Effects:</b>	
<b>Healthcare Provider's Signature Required For All Prescription Medications</b>	
Prescribing Healthcare Provider's Signature:	Date:
Stamp, Print, or Type Health Care Provider's Name & Address	Office Phone Number
	Office Fax Number

**PARENTS PLEASE READ CAREFULLY:**

I give permission for the medication noted above to be given to my child \_\_\_\_\_ during the school day. I understand that it may be necessary for an individual other than a school nurse assist my child with his/her medication, and specifically consent to such practices. I give permission for the school nurse or school administrator to contact the healthcare provider named above to discuss this medication and my child's health. I give permission for the healthcare provider named above to provide information about this medication and my child's health to the school nurse or school administrator. I understand that the school may require that I agree to the school's policy about medications before this medication will be given. I understand that all medications will be provided by me in the original container, clearly labeled with my child's name. I will notify the school if the medication is discontinued or the dosage has been changed. Permission is granted to the principal and/or school nurse to share this information with individuals who have responsibility for my child. The first dose will be given at home so that I can monitor adverse reactions. I am responsible for replacing medication before the expired date.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Parent/Legal Guardian

\_\_\_\_\_  
Day Phone Number

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## **Parent Responsibility for Medications at School**

When possible, **medications should be given before or after school** so the parent/guardian, not school staff, administer the medication

**Healthcare provider's order** and parent/guardian permission are **required for all prescription medication**.

**Prescription medications must be received in the original container with pharmacy label present listing student's name, name of medication, dosage, and amount clearly visible on the bottle/container.**

**Over-the-counter (OTC) medications** require parent permission; **dosage may not exceed manufacturer's directions**; Over-the-counter medications must be provided by the parent in a new - unopened container, clearly labeled with the student's name. **School nurses are legally required to administer only medications with FDA approval.** OTC medications that are to be given daily for more than one week must have a doctor's order.

**All medication should be brought to the school and taken directly to the School Nurse or Main Office by the parent/guardian**, or designated individual over 18 years of age, and may be counted at the time of receipt. In the interest of safety for all students, medications cannot be transported to or from school by students

### **ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER.**

**It is against School District Policy for a student to carry ANY medication on their person without physician permission, parent permission, and school district permission to self-administer and self-monitor. (SC Law S144)** All medication will be maintained in the health room. **Violations of the medication policy are dealt with sternly.**

**If your child forgets to take a morning dose of medication**, the school nurse is not permitted to give that dose at school. **Parents may come to the Health Room to give the missed dose.**

It is the responsibility of the parent/guardian to inform the school of any changes. **New prescription medications or new doses will not be given unless a new form is completed and a newly labeled pharmacy container is provided.**

**Only a 30-day supply of prescription medication should be brought to school at one time.** For your convenience, many of the local **pharmacies may provide a second labeled container for medications needed at school and on field trips.** Small containers of (OTC) medication should be provided at school.

Parents are responsible for knowing and replacing medication before the expiration date. **The School Nurse will not administer any medication past the expiration date.**

**Medication authorization forms** are valid for the current school year and **must be renewed each school year.** **No medication containing ASPIRIN can be given at school without a doctor's authorization.** This includes but is not limited to Pepto Bismol, Excedrin, and some OTC cold medications.

**Unused medication will be disposed of unless picked up within one week after medication is discontinued.** Medications that are not picked up will be disposed of in a manner that respects security as well as environmental concerns.

**Medications are not supplied by the school or the School Nurse.**

**Medications needed for field trips require a separate form.**