THE ACADEMY OF MOORE COUNTY

Request for Administration of Medicine

NOTICE TO PARENTS: The parent/legal guardian must bring medication to school in a container that is appropriately labeled by the pharmacy or physician.

Today's Date ___/___/___
Name of Student _____
Student's Date of Birth ___/___/___
Student's Diagnosis _____
Medication _____ Dosage _____
Time of Administration _____
Route of Administration and Instructions _____
_____
_____
Start Date ___/___/___ End Date ___/___/___

Physician's name (please print) _____
Physician's Signature _____
Physician's Phone Number _____

PARENT/LEGAL GUARDIAN: I hereby give permission for the school to administer the medication as prescribed above. I also give permission for the school to contact the above health care provider regarding the administration of this medication.
Signature – Parent/Legal Guardian _____ Date ___/___/___
Home phone Number _____ Cell Phone Number _____
Work Phone Number _____

GUIDELINES FOR PRESCRIBING MEDICATIONS TO BE ADMINISTERED TO STUDENTS DURING THE SCHOOL DAY

We welcome your support in providing services to our students. When prescribing medications for school age children, kindly consider the following requests and policies:

1. Whenever possible, avoid prescribing medication for administration during school hours, especially medications to be administered for a short period of time.
2. Schools are required to have appropriately labeled pharmacy/physician containers. These will be kept under lock and key in the school clinics.
3. Carrying of inhalers on the person is discouraged, unless ordered by a physician, because such items are easily stolen, lost, or forgotten at home, leaving the student in a dilemma and possibly in a medical crisis.
4. Any change of prescriptions requires a new written order from the prescribing physician.
5. Schools are readily available by FAX for quick communication.
6. Students are not allowed to transport medication on their person to and from school

Thank you for helping us provide the best possible services for students taking medications.

12588 Hwy 15-501 South
Aberdeen, NC 28315
www.academyofmoorecounty.com

Phone (910) 757-0401
Fax (910) 757-0403
academyofmoorecounty@nc.rr.com

PARENT'S PERMISSION

I hereby give my permission for my child _____ to receive medication during school hours. This medication has been ordered and prescribed by a licensed physician. I hereby grant permission for the school nurse to communicate with the prescribing physician about the medication prescribed. I hereby release the School Board and their agents and employees from all liability that may result from my child taking the prescribed medication. This consent is good for one year, and may be revoked at any time.

I will furnish all medications for use at school in a container properly labeled by a pharmacist with indentifying information, (name of child, medication dispensed, dosage prescribed, and the time it is to be given or taken). All over the counter medications will include the order for administration (first part of this authorization form signed by the doctor) with the identifying information, (name of child, medication dispensed, dosage prescribed according to label, and the time it is to be give or taken), with the medication in the original container.

I will replace this medication when it expires. I will remove this medication from the school the last day of school. I understand medication not picked up will be destroyed after the last day of school.

Parent or Guardian Signature: _____

Telephone number(s): _____

Emergency contact number in case you cannot be reached: _____