



Berkeley County Schools Administration of Medication Form

Please use a separate form for each medication. A new form is required each school year (dated after July 1).

I. Completed by Parent/Guardian:

Student Name _____

Date of Birth _____

School _____

Grade _____

Homeroom Teacher _____

School Year _____

(includes Extended School Year/Summer Programs)

II. Completed by Parent/Guardian:

I give permission for (name of child) _____ to receive the stated medication at school according to standard school policy. I release the Berkeley County Board of Education and its employees from any claim or liability for administering prescribed medication to this student. **I have read the information outlined on the back of this form and assume the responsibilities as stated on this form.** I authorize the school nurse to communicate with the healthcare provider as allowed by the Family Rights and Educational Privacy Act (FERPA).

Signature _____

Relationship _____

Date _____

Home Phone _____

Work Phone _____

Cell Phone _____

III. Completed by Physician or Authorized Prescriber:

Name of Medication _____ Allergies _____

Diagnosis _____

Reason/Intended Use for Medication _____

Form of Medication/Treatment:

☐ Tablet/Capsule __ ☐ Liquid __ ☐ Inhaler __ ☐ Injection __ ☐ Nebulizer __ ☐ Other _____

Instructions (Time to be given at school) _____

Dose _____ Route _____

If PRN, for what symptom(s) _____

Potential side effects: (please describe) _____

Other Prescribed medications: _____

Authorized Prescriber's Signature _____ Date _____

Print Prescriber's Name/Title: _____

Telephone _____ Fax _____

IV. Completed by Physician or Authorized Prescriber (inhalers/epi-pens only):

Berkeley County Board of Education permits a student to carry and self-administer asthma or anaphylaxis medication at school. Completion of the following information by the authorized prescriber acknowledges that this student has been instructed, is age-appropriate, and has the skills and knowledge to carry and administer this medication.

Signature _____ Date _____

Note: Parents, please complete Epi-Pen/inhaler contract on the back of this form.

V. Medication Guidelines

The following medication guidelines are used by Berkeley County Schools. These guidelines enable the school nurse and staff to provide the best possible service for your child.

1. Whenever possible, medication should be given at home.
2. The first dose of all medication **must** be administered at home.
3. In order for the medication to be given at school, the medication must be accompanied by a properly completed Berkeley County Administration of Medication Form. Students who have required emergency medications shall not attend school until the medication and Medication Administration Form have been received to prevent risking the safety and welfare of the student.
4. The school nurse will call the prescriber, as allowed by FERPA, if a question arises about your child and/or
5. Medication must be in the original container from the pharmacy and labeled by the pharmacist or prescriber. Medication needs to be in the dosage prescribed (i.e. if 1 mg tablet is dispensed and 0.5mg is ordered, the pill must be cut by the pharmacist/parent/caregiver. Non-prescription medication must be in the original sealed container with the label and have a physician's order for it. It is important to make sure the bottle has a current expiration date on it. This includes Tylenol and cough drops. **Staff may not dispense outdated medication.**
6. An adult must bring the medication to school. No medication will be sent home with a student unless it is one of the self-administered medications outlined on the other side of this form and specifically ordered to be carried at all times.
7. All medication will be kept locked in the school. Every attempt will be made to notify you in advance when your child's medication is getting low.
8. If your child takes medication in the morning at home, it is important to give it at the same time every day. If your child is coming to school late due to an appointment or delayed school opening, the morning dose should be given as usual because the school dose will not be given at the time ordered.
9. Antibiotics that are given three times a day are not usually given at school. Please consult with your physician before bringing these medications to school. They may be administered before school, after school, and at bedtime.
10. All medications must be picked up by an adult at the end of the school year.
11. **The medication must be hand delivered by the parent/guardian to designated school personnel in an original labeled pharmaceutical container or manufactured labeled containers.**

VI. Self-Carry/Self-Administration of Emergency Medication Contract

This section must be completed for those students who have physician authorization to carry and self-administer emergency medication.

1. Student has demonstrated the purpose and the appropriate method and time to administer the inhaler/epi-pen to the school nurse.
2. Student agrees to never share the inhaler/epi-pen with another student.

For asthma medication:

- a. Student agrees that after prescribed inhalation, he/she will go to the nurse if breathing has not improved.
- b. It is advisable that a spare inhaler be kept at school.

For epi-pen:

- a. If student self-administers epi-pen, he/she will immediately have someone notify the school nurse and office personnel.

- b. It is advisable that a spare epi-pen be kept at school.

The student may be subject to disciplinary action if he/she does not use the above in a safe and appropriate manner.

Student Signature _____ **Date** _____

School Nurse Signature _____ **Date** _____

Administrator Signature _____ **Date** _____

I give permission for my child _____ to carry/self-administer the inhaler/epi-pen as prescribed by the physician. I understand he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition.

Parent Signature _____ **Date** _____

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