



DEPARTMENT OF DEFENSE
 FORT BRAGG SCHOOLS
 FORT BRAGG, NORTH CAROLINA 28307-0089



Office of the School Nurse

To be completed by physician

Name of Student: _____

Diagnosis/Indication for Medication Administration: _____

Medication: _____ Dosage: _____

Time: _____ Route: _____

Duration: _____

Possible Side Effects: _____

Precautions/Restrictions: _____

Other Medications Taken: _____

Signature of Physician _____ Date _____

Clinic: _____ Phone: _____

To be completed by parent:

I hereby give my permission for _____ to receive, from the school nurse and/or other trained school personnel, the above prescription at school as ordered. I understand that it is my responsibility to furnish the school with this medication. I give permission for the school nurse and health care providers at the medical treatment facility to exchange information about my child, the diagnosis for which this medication is prescribed, and my child's response to the medication.

Signature of Parent/Guardian _____ Date _____

Parent daytime phone number #1 _____, #2 _____

Parent e-mail address _____

NOTE: The prescription medication must be brought to school in the original container, properly labeled by the pharmacy or physician, stating the name of the student, the medication, the dosage, and current date. The medication will remain at school for the duration of the prescription.



DEPARTMENT OF DEFENSE
FORT BRAGG MILITARY SCHOOL
School Medication Administration Policy

Medication administered during school hours by school personnel should be kept to a minimum. The child in need of medication services in order to remain in school is the exceptional child who has a chronic health problem, unique health problems, or a child who requires emergency measures, or an acutely ill child in need of medication for a short period. If it is necessary that medication be given during school hours, the following requirements must be met:

1. Medication **should not** be transported daily by student to/from school. The medication must be brought to school by the parent/guardian in the correct medicine bottle with prescription label. If medication is not properly labeled, it may not be given.
2. Parents must complete and sign an **Administration of Medication Form** (On Reverse).
3. The school administration is responsible for keeping medications locked in a secure place (exception may be made for medication that needs to be refrigerated).
4. The school administration may designate the responsibility for security and/or administration of the medication to a school employee.
5. Non-prescription medications will not be given unless accompanied by a written doctor's order and supplied in the original container with appropriate label intact.
6. A medication log will be kept which records time and date of administration.
7. A physician's order is required for children to self-carry and self-medicate with emergency medications (epipens and inhalers).
8. The school will assume no legal responsibility for students who self-carry/self-medicate.

When children who may be subject to unusual health hazards, such as allergies to foods/insect stings, etc., attend school, it is the parent/guardian's responsibility to assure that a school emergency plan is developed for the child, and that written permission is given by the parent/guardian to institute emergency measures.

It is the parent/guardian's responsibility to ensure that all medications and supplies necessary to effectively treat their child are kept in sufficient quantities at the school at all times.