



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



PHYSICIAN'S SCHOOL MEDICATION FORM

TO: _____ School Year _____
 (Name of School)

RE: _____ Grade _____ Age _____
 (Name of Student)

The above named person is a patient of mine and is currently under my medical care. Due to the medical condition(s) listed below, medication needs to be administered during the regular school day according to the following protocol:

Medication(s): _____

For treatment of: _____

Time to be given: _____

Directions for giving medication: _____

If an emergency situation occurs during the school day or if the pupil becomes ill, school officials are to:

- a) Contact me at my office: _____ (Phone #).
- b) Take child immediately to nearest emergency room _____
- c) Other option: _____

The medication for this pupil will be properly labeled and will carry my name as the prescribing physician.

 (Date)

 (Physician's Signature)

RELEASE OF LIABILITY FORM

I, _____, the parent and/or legal guardian of _____,
 (Name of Child)
 enrolled at _____,
 (Name of School)

realizing the importance of administering medication to my child as prescribed by the child's physician, do hereby agree to relieve designated school personnel of any liability from any potential ill effects as a result of their injecting or giving my child the medicines prescribed by the child's physician. I have discussed this with my physician and/or legal counsel (lawyer) and realize its ramifications and thoroughly understand the meanings of these statements.

 (Parent/Guardian's Signature)

 (Date)

 (School Nurse/Designee's Signature)

 (Date)

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.

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.