

PARENTAL REQUEST AND PHYSICIAN'S ORDER FOR MEDICATION

*(For use in requesting the school's service when medication **must** be given during the school day by the school medication designee)*

TO BE COMPLETED BY PARENT/GUARDIAN:

Child's Name	Date	School
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I request that my child (named above) be given the medication as indicated in the physician's order below. I am aware that non-medical personnel will be administering this medication to my child. I hereby release the Catawba County Schools, their agents and their employees from any and all liability that may result from my child taking the prescribed medication.

Parent/Guardian Signature	Telephone	Date
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TO BE COMPLETED BY THE PHYSICIAN (For use **only** when medication **must** be given during the school day in order for the student to maintain his/her authorized medication plan)

Name and Form of Medication: _____

Dosage: _____

Times to Be Given: _____

Route of Administration: _____

Other Specific Directions: _____

Purpose of Medication: _____

Side Effects to Watch For: _____

Duration of Order: _____

Physician's Name and Address (Please Type and/or Print)	Telephone Number
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Physician's Signature: _____

Thank you for completing this form.

NOTICE TO PARENT/GUARDIAN

Catawba County Schools Medication Guidelines include a specific procedure for the handling of unused student medications left at the end of the school year. In the interest of safety, parents/guardians are asked to pick up unused medication at the close of the school year. Medications not picked up will be handled in one of the two following ways:

- 1) If the medication is recognized by the school as antibiotic or a medication used for the treatment of an attention disorder, i.e., Ritalin, Dexedrine, Dylert, etc.) it will be counted, logged, and flushed before the school medication designee goes off duty for the summer.
- 2) If the unused medication does not fall in the category described above and it would still be within the expiration date when school opens in the fall, it will be counted, logged, and stored until school resumes in the fall.

In the event the medication must be given during school hours next year and you wish the school medication designee to resume giving it to your child, an updated *Parental Request and Physician's Order for Medication* will be required. These forms are available at the school upon request.

If you wish to pick up your child's medication this school year, it must be done by _____
_____.

Please call if you have questions.

School Medication Designee
Catawba County Schools

Medication Incident Report

Name of School _____

Name of Student _____

D.O.B. _____ Date _____ Time _____

Date and time of error _____

Name of person administering medication _____

Name of medication and dosage prescribed _____

Describe error and circumstances leading to error _____

Describe action taken _____

Persons notified of error:

Principal _____

Parent _____

Physician (if applicable) _____

*Pat Hensley _____

Signature (person completing incident report)

Follow-up information if applicable _____

*FAX a copy of this report to Pat immediately after notifying principal and parent.

Source: "Guidelines for Inservicing Non-Medical Personnel on Medical Procedures." DHMH, Maryland.