MEDICATION ORDER TO CARRY

INSTRUCTIONS TO OBTAIN APPROVAL FOR A STUDENT TO CARRY PRESCRIBED MEDICATION
(Use Medication Order to Carry Asthma Inhaler for asthma treatment.
Medication Order to Carry Epi Pen for severe allergic reaction)

For online forms: http://sbo.nn.k12.va.us/healthservices/medications.html

These requests are exceptions to School Board policy JLCD and must be approved.

1. **Parents will submit the following forms** (All forms must be in order and signed):
   a. **Request for Approval for Students to Carry Prescribed Medication** (completed by parent)
   b. **Medication Order** (signed by the medical provider and must indicate the student needs to carry at all times)
   c. **Responsibilities of Student and Parent Requesting Exception to Rule 3 (MEDICATION) and Rule 26 (ALCOHOL AND OTHER DRUGS)**
   d. **Medication Release of Liability form**

2. The principal will be advised of the request and determine if there are any circumstances which interfere with the approval of the request.

3. The school nurse will complete an Emergency Care Health Plan as appropriate.

4. **The Registered Nurse (School Nurse) will review the request and contact the prescribing physician if indicated.**

5. **The Health Services supervisor and the school medical advisor will be contacted if there are any questions about approval.**

6. **Parents of students who will self-administer medication should contact the school nurse.** The school nurse will discuss safety precautions, as indicated, with the principal, parents, student, teachers and other school personnel regarding students who carry prescribed medication. **Students who carry any medication should be trained how to administer it and understand when to seek assistance. The registered nurse may require a demonstration.**

7. **The parents will sign a form assuming full responsibility and releasing the school of liability.**

8. **The school’s registered nurse and principal will sign approving the request.**

9. **Approval will be effective only for the school year (including summer school) in which it is signed and must be renewed annually.**

*Health Services Manual: Medications R-4/15*
REQUEST FOR APPROVAL FOR STUDENT TO CARRY PRESCRIBED MEDICATION

This form is to be completed by the parent. The physician must complete the appropriate medication order. (Please use the appropriate request: Asthma for inhalers, Epi pen for severe allergies, or other medications)

Name of Student: ___________________________ Birth Date: ______________
Home Address: ________________________________
Name of Parent(s): ____________________________________________
Medication to be carried: ________________________________________
Reason student needs to carry: ____________________________________
Additional information: _________________________________________

I request my son/daughter to carry the above-prescribed medication. I assume responsibility for its use at school, and transportation to and from school. I release the school from liability should reactions result from this medication. **A medical provider has completed the necessary parts of this packet and agrees that my child needs to carry this medication and understands how to use it.** I understand this request is for the current school year only.

_________________________________________  ________________________
Parent’s Signature      Date

Attached and completed: (All must be reviewed by RN)
___ Signed order from Medical Provider that student is trained and able to carry
___ Parent signature to request
___ Exception to Rule 3 & 26 (parent and student signed)
___ Medical Release of Liability

Notes: ___________________________________________________________________

___________________________________________________________________________

Approved for current school year:
_________________________________________  ________________________
School Nurse       Date

Principal
_________________________________________  ________________________
School Nurse       Date

R-4/15
MEDICATION ORDER

For online forms:  http://sbo.nn.k12.va.us/healthservices/medications.html

It is best if students can take medication at home. When this is not possible, Newport News Public Schools will cooperate in the administration of medication during school hours.

**These procedures must be followed for all prescription medications, all over the counter drugs & supplements and herbal remedies.**

1. Written orders, from a physician, detailing the name of the drug, dosage and time interval medication is to be taken must be on file. Medication ordered 3 times a day or less cannot be given without a specific time. Orders should specify a time since lunch time can be anywhere from 10:30 am to 1:00 pm.

2. The signature of parent or guardian requesting that the school division comply with the physician’s order is required. Medication will be given by the school nurse or school personnel designated by the principal.

3. Medication must be brought to school by the parent or guardian in a container appropriately labeled by the pharmacy or physician. Bring only that amount of medication to be taken during school hours. Extra medication must be picked up by a parent. Advil, Tylenol, and other over the counter medicines must be handled the same as prescription drugs and be in a new unopened container. Expired drugs will not be given.

Name of Child: ___________________________________________________________
Diagnosis: ______________________________________________________________
Date of Order: ____________________________________________________________
Name of Medication: _______________________________________________________
Dose: ___________________________________________________________________
Duration of Order: _________________________________________________________
(Duration cannot exceed current school year.)

_____ Student needs to carry this medication on his/her person at all times and has been trained by the medical provider how to use and understands when to seek assistance.

Physician Signature: __________________________ Print: _________________________
Phone Number: ______________________________

I request that the school allow my child to carry medication(s) as ordered by the physician. I give permission for the school nurse to contact the physician if indicated to carry out this order.

_________________________  ______________________________
School Student Attends                             Parent or Guardian

R-4/15
RESPONSIBILITIES OF STUDENT AND PARENT REQUESTING EXCEPTION TO RULE 3 (MEDICATION) AND RULE 26 (ALCOHOL AND OTHER DRUGS)  
(Request to Carry Prescribed Medication on One’s Person)

I request my son/daughter _______________________________________ carry the following prescribed medication: ________________________________________________________.

I have read Rule 3 (Medication) and Rule 26 (Alcohol and Other Drugs) which state:

Rule 3. Medication: A student must take all medication (prescribed or over-the-counter drugs) in the clinic.

Rule 26. Alcohol and Other Drugs: Except as permitted under Rule 3 (Medications) a student shall not use, purchase, sell, distribute, be under the influence of or possess any kind of alcoholic beverage or any kind of controlled substance as defined by state law. This prohibition includes, but is not limited to, anabolic steroids, substances that look like drugs, imitation controlled substances, and drug paraphernalia. For example:

E. Possession/Attempt – Possessing, or attempting to possess, any illegal or controlled substance or any action that contributes to the possession of any illegal or controlled substance.

H. Sale/Distribution/Purchase/Attempt – Distributing, selling or purchasing any illegal or controlled substance; attempting to sell, distribute, or purchase any illegal or controlled substance; or any action that contributes to the possession of any illegal or controlled substance.

I understand that approval of this request does not release my son/daughter from penalty if he/she misuses this exception. For example: knowingly taking medication improperly, giving medication to another student, or failing to report another student who tries or is suspected of trying to gain access to the medication.

I understand the penalties for misuse of this exception will be the same as Rule 26 E or H.

Level 7 Expulsion

I have read, reviewed and explained this information to my son/daughter. We understand the rules and penalties for misuse of this exception. We acknowledge the responsibilities incurred by the granting of this exception.

Signed______________________________________ (Parent) Date: ___________________

Signed______________________________________ (Student) Date: ___________________

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MEDICATION RELEASE OF LIABILITY FORM

Student: ___________________________ School: ______________________   Grade: _______

Address: ______________________________________________________________________

Parent/Guardian: _____________________________________   Phone: #__________________

__________________________________________________    Phone #___________________

(Home)                                           (Work)

TO AUTHORIZED SCHOOL PERSONNEL:

In case of_________________________________________________________

I hereby request and authorize you to assist and/or give

_____________________________________________________________________________

(Dose and Medication)

to:  ____________________________________________________________________________, as prescribed by

(Student’s Name)

______________________________________________________________________________

(Doctor’s Name)   I release school personnel from liability

should reactions result from this medication, whether self-administered by my child or given by

school personnel. If possible, I prefer follow-up care and transportation as follows:

______________________________________________________________________________

______________________________________________________________________________

Parent/Guardian Signature                Date

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