



## Important Information about Medication Administration in CMS Schools (7/31/2017)



<b>School Name</b>	<b>School Phone #</b>	<b>Fax:</b>	<b>For School Use Only</b>
		(704) 432-2079 (School Health)	<b>Date Received/Receiver's Signature:</b>
<b>Student's Name (Please print.)</b>	<b>Student's Date of Birth</b>		<b>Medication Received?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>Date Approved/Nurse's Signature</b>
Parent/guardian completes this form when medications are ordered on a form that is not the "Medication Authorization for CMS Students (version 04/25/17 ml)". Parent/Guardian: Please read the information below. Fill in the contact information for your child's healthcare provider and parent/guardian contact information. Sign and date the form.			<b>Entered in EHR?</b> <input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> <b>Medication in Health Room</b> <input type="checkbox"/> <b>Student Self Carries</b> <input type="checkbox"/> <b>Emergency Medication in Classroom</b>

### Important Information about Medication Administration in CMS Schools

- When possible, medications should be taken before or after school.
  - Administration of non-prescription medications at school is discouraged.
  - Written parent/guardian consent and an order from a healthcare provider licensed in North Carolina are required for administering prescription and over-the-counter medications at school (CMS Policy JLCD/Regulation JLCD-R).
  - Contact the school nurse for help if relocating from another state with orders from an out-of-state provider. Some medications may not be suitable for a school setting. Additional documentation may be required for some medications (examples: research medications, medications with potential for immediate serious side effects). Contact the school nurse if you have questions.
  - No medication will be given at school until the Medication Authorization form completed by the healthcare provider has been approved by a school nurse.
  - Medications are given by a nurse or trained CMS staff.
- Unless changed in writing, medication orders will be used for the entire school year within which it was written.
- New authorization forms are required at the beginning of every school year, when the dose or directions change, and when a new medication is prescribed. Parents/guardians must supply the medications.
- Each medication must be in the original labeled container from the pharmacy or healthcare provider's office. Some pharmacies will provide an extra container for school use.
- Information about this medication and the student's health may be shared with other school staff or agents of the school to help assure the student's safety and success at school.
- The school nurse may contact the healthcare provider who prescribed the medication and the pharmacy where the prescription was filled to discuss this medication and the student's health.

<b>Healthcare Provider's Name / Address / Phone / Fax</b>	<b>Parent/Guardian Contact Information (please print)</b>
	Parent/Guardian
	Phone:
	Parent/Guardian
	Phone:

I have read and understand the "Important Information about Medication Administration in CMS Schools". I give permission for my child to receive the medications ordered by the healthcare provider during school hours. I give permission for the healthcare provider, pharmacist and their staff to provide information to the school nurse about my child's medication(s) and health. On behalf of my child, I release the Charlotte-Mecklenburg Board of Education, their agents and employees from any and all liability whatsoever that may result from my child taking the medication(s) at school.

*Write on line below.*

Parent's/Guardian's Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



# MEDICATION AUTHORIZATION FOR CMS STUDENTS

School Name	School Phone #	<b>For School Use Only</b>
		Date Received/Receiver's Signature:
If submitting by fax: 704-432-2079 (School Health)		
Student's Name (Please print.)	Student's Date of Birth	Medication Received? <input type="checkbox"/> yes <input type="checkbox"/> no
		Date Approved/Nurse's Signature
		Entered in EHR? <input type="checkbox"/> yes <input type="checkbox"/> no

Written parent/guardian consent and an order from a healthcare provider licensed in North Carolina are required for administering prescription and over-the-counter medications at school (CMS Policy JLCD/Regulation JLCD-R). Contact the school nurse for help if relocating from another state with orders from an out-of-state provider. Some medications may not be suitable for a school setting. Additional documentation may be required for some medications (examples: research medications, medications with potential for immediate serious side effects). Contact the school nurse if you have questions.

## SECTION 1: LICENSED HEALTHCARE PROVIDER AUTHORIZATION

- When possible, medications should be taken before or after school. Administration of non-prescription medications at school is discouraged.
- CMS action plans for asthma, diabetes, seizure disorders and severe allergies may be used instead of this form. See CMS Coordinated School Health webpage.
- When using this form, complete a separate form for each medication; write legibly; use lay terms.
- Complete Section 3 for students who will self-carry and/or self-medicate.

Medication: (Generic/Brand)	Controlled Substance? <input type="checkbox"/> yes <input type="checkbox"/> no
Dose/Dosing Instructions:	Route:
Administration Time:  Relationship to meals: <input type="checkbox"/> Not applicable <input type="checkbox"/> With meals <input type="checkbox"/> With snacks <input type="checkbox"/> Other:	<input type="checkbox"/> PRN (specify time interval):
Purpose:	Check here if this medication is to be used for emergencies only. <input type="checkbox"/>
Side Effects/Adverse Reactions:	
Anticipated length of treatment: <input type="checkbox"/> School Year <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> Days	Other Instructions (including emergency situations):

In my professional opinion, it is medically necessary for this student to receive this medication during school hours.

Signature of Healthcare Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Stamp, Print or Type Healthcare Provider's Name & Address	Office Phone
	Office Fax

## SECTION 2: PARENT / LEGAL GUARDIAN CONSENT

- I understand: No medication will be given at school until this authorization has been approved by a school nurse. New authorization forms are required at the beginning of every school year, when the dose or directions change, and when a new medication is prescribed. It is my responsibility to supply the medication. Each medication must be in the original labeled container from the pharmacy or healthcare provider's office. Some pharmacies will provide an extra container for school use. Information about this medication and my child's health may be shared with school staff or agents of the school to help assure my child's safety and success at school. The school nurse may contact the healthcare provider who prescribed the medication and the pharmacy where the prescription was filled to discuss this medication and my child's health. Medications are given by a nurse or trained CMS staff.
- I give permission for my child to receive the medication described above during school hours. I give permission for the healthcare provider, pharmacist and their staff to provide information to the school nurse about this medication and my child's health.
- On behalf of my child, I release the Charlotte-Mecklenburg Board of Education, their agents and employees from any and all liability whatsoever that may result from my child taking this medication at school.

Parent/Legal Guardian Signature:	Date:	Phone Numbers (mobile, work, home):
Parent/Legal Guardian (Print Name):		