



**Berkeley County Schools**  
**Administration of Medication Form**

\*\*\*PLEASE USE A SEPARATE FORM FOR EACH MEDICATION\*\*\*  
A NEW FORM IS REQUIRED EACH SCHOOL YEAR (Dated after **July 1**)

**I. TO BE COMPLETED BY PARENT/GUARDIAN:**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Homeroom teacher \_\_\_\_\_ School year \_\_\_\_\_

***(Includes Extended School Year/Summer Programs)***

**II. TO BE COMPLETED BY PARENT/GUARDIAN:**

I give permission for (name of child) \_\_\_\_\_ to receive the stated medication at school according to standard school policy.  
I release the Berkeley County Board of Education and their employees from any claim or liability for administering prescribed medication to this student.  
I HAVE READ THE INFORMATION OUTLINED ON THE BACK OF THIS FORM AND ASSUME THE RESPONSIBILITIES AS STATED ON THIS FORM.  
I authorize the school nurse to communicate with the health care provider as allowed by the Family Rights and Educational Privacy Act (FERPA).

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_  
Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**III. TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PRESCRIBER:**

Name of medication \_\_\_\_\_ Allergies \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Reason/Intended Use for medication \_\_\_\_\_  
Form of Medication / treatment:  
Tablet/capsule \_\_\_ Liquid \_\_\_ Inhaler \_\_\_ Injection \_\_\_ Nebulizer \_\_\_ Other \_\_\_\_\_  
Instructions (Time to be given at school) \_\_\_\_\_  
Dose \_\_\_\_\_ Route \_\_\_\_\_  
If PRN, for what symptom(s) \_\_\_\_\_  
Potential side effects: (please describe) \_\_\_\_\_

Other Prescribed Medications: \_\_\_\_\_

Authorized Prescriber's: Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Prescriber's Name/Title: \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

***A verbal order was taken by the School RN (name) \_\_\_\_\_ for the above medication on (date) \_\_\_\_\_ Verbal order must be followed by a signed order within 3 days or cannot be honored after that.***

**IV. COMPLETED BY PHYSICIAN OR AUTHORIZED PRESCRIBER (inhalers / epi-pens only)**

Berkeley County Board of Education permits a student to carry and self-administer asthma or anaphylaxis medication at school. Completion of the following information by the authorized prescriber acknowledges that this student has been instructed, is age-appropriate, and has the skills and knowledge to carry and administer this medication.

This student may carry this medication/supplies Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Authorized Prescriber's Signature)

**Note: PARENT TO COMPLETE EPI-PEN/INHALER CONTRACT ON BACK OF THIS FORM**

**V. MEDICATION GUIDELINES**

The following medication guidelines are used by Berkeley County Public Schools. These guidelines enable the school nurse and staff to provide the best possible service to your child.

1. Whenever possible, medication should be given at home.
2. The first dose of all medication must be administered at home.
3. In order for the medication to be given at school, the medication must be accompanied by a properly completed Physician's Medication Order Form.
4. The school nurse will call the prescriber, as allowed by FERPA, if a question arises about your child and/or child's medication.
5. Medication must be in the original container from the pharmacy and labeled by the pharmacist or prescriber. Medication needs to be in the dosage prescribed (i.e. If 1 mg tablet is dispensed and .5mg is ordered the pill must be cut by pharmacist/parent/caregiver) Non-prescription medication must be in the original sealed container with the label intact and have a physician's order for it. It is important to make sure the bottle has a current expiration date on it. This includes Tylenol and cough drops. **Staff may not dispense outdated medication.**
6. An adult must bring the medication to school. No medication will be sent home with a student unless it is one of the self-administered medications outlined on the other side of this form and specifically ordered to be carried at all times.
7. All medication will be kept locked in the school. Every attempt will be made to notify you in advance when your child's medication is getting low.
8. If your child takes medication in the morning at home, it is important to give it at the same time every day. If your child is coming to school late due to an appointment or a delayed school opening, the morning dose should be given as usual because the school dose will be given at the time ordered.
9. Antibiotics that are given three times a day are not usually given at school. Please consult your physician before bringing these medications to school. They may be administered before school, after school and at bedtime.
10. All medications must be picked up by an adult at the end of the school year.
11. **The medication must be hand delivered by the parent/guardian to designated school personnel, in original labeled pharmaceutical container or manufactured labeled container.**

**VI. SELF-CARRY / SELF-ADMINISTRATION OF EMERGENCY MEDICATION CONTRACT**

This section must be completed for those students who have physician authorization to carry and self-administer emergency medication.

1. Student has demonstrated the purpose and the appropriate method and time to administer the inhaler / Epi-pen to the school nurse.
2. Student agrees to never share the inhaler / Epi-pen with another student

**For asthma medication:**

- a. Student agrees that after prescribed inhalation, he/she will go to the nurse if breathing has not improved.
- b. It is advisable that a spare inhaler be kept at school

**For Epi-pen:**

- a. If student self-administers Epi-pen, he will immediately have someone notify the school nurse and office personnel immediately.
- b. It is advisable that a spare Epi-pen be kept at school

**The student may be subject to disciplinary action if he/she does not use the above in a safe and appropriate manner.**

Student signature _____	Date _____
School nurse signature _____	Date _____
Administrator signature _____	Date _____

I give permission for my child \_\_\_\_\_ to carry the inhaler/epi-pen as prescribed by the physician. I understand he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_