

**MOUNTAIN ISLAND CHARTER SCHOOL
AUTHORIZATION OF MEDICATION FOR STUDENTS**

Whenever possible, the parent or guardian should make arrangements so that medication can be administered at home. However, there are cases when a student's health could be compromised by not getting medication during school hours. If your physician decides it is necessary for your child to receive medication during the school day, the approval and specific directions must be provided to the school. It is recommended that the daily morning dose of medicine be given at home. If two (2) or more medications are prescribed for the same student, a separate authorization form must be completed for each medication. The medication brought to school must be in separate pharmacy labeled containers as prescribed by the doctor. Most pharmacies will provide an extra container for school use upon request. New authorization forms must be obtained for each school year or anytime the dosage or direction changes. *Administration of non-prescription medicines at school is discouraged.*

FOR PHYSICIAN'S USE ONLY: *please write legibly using lay terms*

Student's Name _____ Date of Birth _____

Medication _____

Purpose of Medication _____

Dosage (amount to be given) _____

Relationship to meals: ___ Before Meals ___ After Meals ___ With Meals ___ Does Not Apply

How often and at what time (hour) _____

Side effects (expected or predictable, please list) _____

Other instructions (including emergency situations) _____

Please check all appropriate items as applicable. If either of the first two items is checked, page 2 of this form must be completed (eligibility requirements must be met as shown on page 2; i.e., inhalers, Epi-pens & the like).

___ This medication is to be used for emergencies only.

___ Please allow this student to self-administer this medication while at school during school hours—**Note eligibility requirements** (*must complete page 2 of this form*).

___ This student should carry the medication with him/her at all times during the school day, while at school-sponsored events, or while in transit to or from school or school-sponsored activities—**Note eligibility requirements** (*must complete page 2 of this form*).

In order to keep this child in optimum health and to help maintain school performance, it is necessary that medication be given during school hours. The child's parent or guardian knows of this medication request and is in full agreement that Mountain Island Charter School personnel or health care volunteers will administer this medication.

(Physician's Signature)

(Please print Physician's last name)

(Date)

(Telephone)

PARENT OR GUARDIAN'S PERMISSION

I hereby give my permission for my child (named above) to receive medication during school hours. I will purchase and supply said medication as needed. On behalf of my child, I absolve Mountain Island Charter School and their agents and employees from any and all liability whatsoever that may result from my child taking this prescribed medication at school.

(Parent or Guardian's Signature)

(Telephone)

(Date)

AUTHORIZATION FOR SELF-MEDICATION BY MICS STUDENTS

Student's Name _____ Date of Birth _____

Medication _____ for _____

Eligibility: *Students with special medical needs such as asthma and/or severe allergies or who are subject to anaphylactic reactions and may require emergency medications (i.e., asthma inhaler or epinephrine auto-injector ("Epi-pen"))*

Physician: The student named above has asthma or an allergy that could result in an anaphylactic reaction and may require emergency medications. The student is capable of, has been instructed on the procedures for, and has demonstrated the skill to self-administer this medication as directed on page 1 of this form. Please allow him/her to self-administer the medication during school hours and as otherwise indicated on page 1 of this form.

This student will not require adult supervision while taking this medication.

Physician Signature _____ Date _____

Parent/Guardian: I give consent to Mountain Island Charter School to allow my child to self-administer this medicine at school. I understand that my child and I assume responsibility for the proper use and safekeeping of this medicine. If the medication that is prescribed for my child is for the treatment of asthma or anaphylactic reactions, I agree to provide a supplementary supply of the medication that will be kept by the school in a location to which my child has immediate access. I absolve Mountain Island Charter School and their agents and employees from any and all liability whatsoever that may result from my child possessing or taking this medicine at school. I further consent for the information about my child included on pages 1 and 2 of this form to be shared with appropriate school staff as necessary for the safety of my child.

Parent Signature _____ Date _____

Student: I am capable of taking this medicine as recommended and accept this responsibility. I will keep it secure at all times and will not share it with others. I understand that I will be subject to discipline if I abuse the privilege of being allowed to self-medicate while at school or school-sponsored activities. Unless the medication is prescribed for the treatment of asthma or anaphylactic reactions, I understand that I will lose the privilege of self-administering my medication if I do not follow these rules.

Student Signature _____ Date _____

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