

Holy Trinity Episcopal Day School Permission to Administer Medication

Important Information:
Please read this prior to completing the
“Permission for School Administration of Medication” form.

Important Information About Medications in School Settings

1. When possible, medications should be given before or after school by the parent/guardian.
2. Initial doses of a medication that a child has never taken before should not be given at school.
3. A written prescription is required for medications, *including over-the-counter medications*, to be given in South Carolina’s child care and school settings. The “Permission for School Administration of Medication” form, when signed by an authorized prescriber, may serve as the written prescription. Stamped signatures will not be accepted.
4. A parent’s/guardian’s written consent is also required. Stamped signatures will not be accepted.
5. A separate form must be completed for each medication.
6. Space for medication storage in school settings is limited; therefore, to the extent possible medication quantities to be stored at school should be limited.
 - a. Controlled substances must be limited to no more than a 31-day supply.
 - b. If it is necessary to store an over-the-counter medication at school, small containers of the medication should be purchased and provided to the school.
7. Prescriptions for over-the-counter medications:
 - a. should be for specific conditions that a child is known to experience (e.g. hives, rash, headache not due to injury, indigestion),
 - b. should be a medication that the prescribing health care practitioner has deemed appropriate based on the child’s medical history, and
 - c. should list the generic name of the medication if use of a generic product is permitted.
8. Prescriptions must be renewed, at a minimum, at the beginning of each school year.
9. Schools may decline to administer certain medications if deemed inappropriate for a school setting. In that event, the parent and the health care practitioner will be notified.
10. Medications to reduce a fever, defined as a body temperature elevation, will only be administered at school when prescribed as part of an emergency response for students with certain chronic health conditions.
11. Medications that make students drowsy and unable to participate in educational activities may not be appropriate for school administration.
12. A responsible adult should deliver the medicine and the permission form to the school director. The medicine must be in the original pharmacy labeled container or, in the case of over-the-counter medications, in the manufacturer’s container with the manufacturer’s label intact. Parents/guardians should attach a label with the student’s name to over-the-counter medications; the name label must not cover the medication manufacturer’s label.
13. Additional South Carolina Department of Social Services and/or Department of Health and Environmental Control rules and procedures may also apply.

Permission for School Administration of Medication

For school use only:

HOLY TRINITY EPISCOPAL DAY SCHOOL
193 Old Greenville Highway
Clemson, SC 29631

As Needed
 Routine
Start Date: _____

Medications should be administered by a parent or guardian before or after school hours, when possible. Initial doses of a medication that a child has never taken before should not be given at school. Medication to be given at school should be accompanied by this form, complete with the prescribing physician's signature, and provided to the school in the original labeled container. "Sample" medications must be provided in a container that appropriately identifies the medication and must be accompanied by a note signed and dated by the prescribing health care provider that includes the student's name and directions for proper administration.

This section to be completed by the prescribing health care provider:

Child's Name _____

Date of Birth _____

Name of School _____

Grade _____

Medication:		Dosage:
Purpose of Medication:		Route:
Time medication to be given at school	Frequency (e.g., daily)	Note special storage requirements <input type="checkbox"/> None <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other (please specify):
Anticipated number of days medication will be given at school: <input type="checkbox"/> until end of current school year <input type="checkbox"/> ____ weeks <input type="checkbox"/> ____ days		Is child allergic to any food, medicines, or other items? <input type="checkbox"/> No <input type="checkbox"/> Yes (List allergies.)
		Is this medication a controlled substance? <input type="checkbox"/> No <input type="checkbox"/> Yes
Possible Side Effects:		

Prescribing Health Care Provider's Signature _____

Date _____

Stamp, Print or Type Health Care Provider's Name & Address:	
	Office Phone Number
	Office Fax Number

This section to be completed by child's parent or guardian:

I give permission for my child, _____, to be given the above medication as prescribed. I give permission for a school teacher, care provider or school director to contact the health care provider named above or the pharmacist who filled the prescription to discuss this medication and my child's health. I give permission for the health care provider named above, the pharmacist, and/or their designated employees to provide information about this medication and my child's health to the school teachers, care providers or school director. I understand that the school may require that I agree to South Carolina Department of Social Services and/or South Carolina Department of Health and Environmental Control rules about medications before this medicine will be given at school. I will not hold Holy Trinity Episcopal Day School, Episcopal Day School Board of Directors, and Holy Trinity Episcopal Church of Clemson, South Carolina, employees, members and agents liable for any adverse drug reactions when the medication is administered. I will notify the school if my child's medications change.

Signature of Parent / Guardian _____

Date _____

Print or Type Name of Parent / Guardian _____

Cell / Day Phone Number _____