Emmanuel Lutheran School
MEDICATION PERMISSION FORM

Student Name Birthdate Grade School Year

OVER-THE-COUNTER MEDICATION (Parents will be called before any medication is given.)

Parents may supply over-the-counter medications. Please list below:

Medication name: _____ Dosage: _____

Reason given: _____ Time: _____

Medication name: _____ Dosage: _____

Reason given: _____ Time: _____

PRESCRIPTION MEDICATION

1.Medication name: _____ _____ Dosage: _____

Reason given: _____ Time: _____

2. Medication name: _____ Dosage: _____

Reason given: _____ Time: _____

On early dismissal or late start days please indicate one of the following:

_____ Do NOT administer medication on early dismissal days
_____ Do NOT administer medication on late start days
_____ Administer medication at adjusted lunch time
_____ Administer medication at prescribed time

School personnel who administer medication according to proper dosing instructions shall be held harmless for any adverse reaction experienced by the student. My student has previously taken the medications(s) listed above with no known adverse reaction.

Parent/guardian printed name: _____

Parent/guardian signature: _____ Date:

Medication Administration Guidelines

Permission: Written permission from the parent or guardian must be on file for all medications given at school, including over-the-counter (OTC) medications. Authorization must be renewed every school year.

Medication: Only FDA approved prescription and OTC medications are allowed to be administered by school personnel. OTC medications will be given per package label dosing instructions, unless prescribed by a physician.

Container: Prescription medication brought to school must be in the original container with a current prescription label on the bottle including the child's name, doctor's name, date, medication name, dosage, and time to be given. Controlled substances must be submitted with a Medication Count Form. OTC medications provided by parent must be in the original container and labeled with the student's name.

Medication Administration Record

10A NCAC 09 .0803 (centers) and .1720 (family child care homes)

Person who gives the child the medicine completes this Medication Administration Record. Copy this page when you need more lines to record medication administration. Attach page to the Medication Administration Permission.

If an error occurs and the child requires medical attention, call 9-1-1 and/or Poison Control immediately.

Child's name:						
Medication name:						
Date given	Time given	Dose given	Route	Name of person giving medication	Signature of person giving medication	Reaction/side effect, if observed
Date	Time	Error or mishap while giving medication			Parent/guardian notified?	Child care provider signature
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	

NORTH CAROLINA
Child Care Health and
Safety Resource Center

800-367-2229
healthychildcare.unc.edu