



**Authorization of Medication for Students in School at
Piedmont Community Charter School**

Fax#704-853-3689 Elementary, Fax#704-854-3067 Middle, Fax# 704-471-4270 High School

NAME: _____ **BIRTHDATE:** _____

DIAGNOSIS: _____ **Any Known Drug Allergies:** _____

In order to keep this student in optimum health and maintain maximum school performance, it is necessary that medication be given during school hours. A separate form will be needed for each medication that the student requires.

ANY MEDICATION THAT CAN SAFELY BE GIVEN OUTSIDE OF SCHOOL HOURS SHOULD NOT BE REQUESTED TO BE GIVEN AT SCHOOL. No injection will be given except in potentially life-threatening emergencies such as severe allergic reaction or diabetic complication related to insulin reaction. Middle and High school students will be allowed to carry asthma inhalers and EpiPens unless otherwise specified by physician (General statute 115C-375.2).

MEDICATION: _____

DOSAGE (AMOUNT TO BE GIVEN): _____

RELATIONSHIP TO LUNCH: _____

TIME OR FREQUENCY OF DOSAGE(S) TO BE GIVEN AT SCHOOL: _____

SIDE EFFECTS (EXPECTED OR PREDICTED): _____

****DO NOT GIVE MEDICINE**

AND CONTACT PARENT IF: _____

***COMMENTS:** _____

Physician's Signature

(Printed MD name)

Telephone#

Date

PARENT'S PERMISSION/RELEASE OF INFORMATION

I hereby give my permission for my child (named above) to receive medication during school hours. On behalf of my child, I absolve Piedmont Community Charter Schools, their agent, and employees from any and all liability whatsoever that may result from my child taking this prescribed medication. I agree to supply the medication as needed.

Parent's Signature

Daytime phone number

Date

I give consent for the school nurse to exchange information with the medical prescriber about medicine administration, dose clarification, response to medication, adverse effects, etc. I give consent for the school nurse and/or school personnel to contact my child's physician and receive further information regarding my child's health needs.

Parent's Signature

Daytime phone number

Date

School Nurse Signature

Date

