

Albemarle County Public Schools Parent's Request for Giving Medicine at School

School	Phone	Fax	School	Phone	Fax
Agnor-Hurt	973-5211	974-7046	Stony Point	973-6405	973-9751
Baker-Butler	974-7777	964-4684	Woodbrook	973-6600	973-0317
Broadus Wood	973-3865	973-3833	Yancey	286-3768	974-8061
Brownsville	823-4658	823-5120	Burley	295-5101	984-4975
Cale	293-7455	293-2067	Henley	823-4393	823-2711
Crozet	823-4800	823-6470	Jouett	975-9320	975-9325
Greer	973-8371	973-0629	Sutherland	975-0599	975-0852
Hollymead	973-8301	978-3687	Walton	977-5615	296-6648
Meriwether Lewis	293-9404	979-3850	Albemarle	975-9300	974-4335
Murray Elem.	977-4599	979-5416	Monticello	244-3100	244-3104
Red Hill	293-5332	293-7300	Murray High	296-3090	979-6479
Scottsville	286-2441	286-2442	Western Albemarle	823-8700	823-8711
Stone Robinson	296-3754	296-7645	Enterprise	974-8070	979-6479

Please send this form to the school when needed. All areas on this form must be completed for us to administer the medication. Please print. Please have the school nurse, or a member of school staff, administer to:
_____ (name of child) the following medication:

(Check one) Certain prescription medication specified below or
 Non-prescription medication specified below.

I understand that the person at the school who will administer this medication or treatment may be inexperienced and untrained in this requested service and state, without reservation, that I shall not hold him/her or the Albemarle County School Board liable in any way for harm or injury that may be experienced by my child as a result of this service. **I understand I am to provide all medication administered to my child in its original container.** I realize medical information associated with the use of this medication may be disclosed to school employees with supervisory authority for my child. For prescription medication, my signature below shall be deemed consent for the school nurse to contact the physician named below for signature or to discuss the medication.

Date of Order: _____
 Name of Medication and prescription number (if applicable): _____

Exact dosage to be given: _____ Exact time to be given: _____
 Reason for medication: _____

Duration for medication: _____

Special Instructions: _____

Signature of Physician (for prescription medication): _____
 Physician telephone number: _____

Signature of Parent or Guardian: _____

Parent of Guardian telephone number: _____

NOTIFICATION TO PARENTS

Dear Parent:

We attempt to discourage administration of medications during school hours and request that, whenever possible, medication doses be scheduled other than school hours. We recognize that this is not always possible and will cooperate in the administration of medication that is given during school hours. Our regulations include:

1. Physician's orders for prescription medication to be administered shall specify in writing the duration of the order and the name and dosage of the drug. The orders should be renewed at least every school year.
2. Parents/guardians may request in writing that school personnel administer non-prescription medication to children. The request shall specify the name and dosage of the medication. The request should be renewed at least every school year.
3. The specific written order of the physician and the written authorization of the parent should be kept on file and all parental consents or authorizations should be renewed every school year.
4. Not more than one month's supply of a prescribed medication shall be stored in a school. The medication shall be stored in a designated place separate from first aid supplies and securely locked at all times.
5. The school employee will give the medication to the student to be self-administered unless the student is physically unable to administer the medication to himself/herself.
6. Unused medication shall be returned to the parent/guardian or shall be disposed of annually.
7. Any exception to this regulation shall be made by the principal/designee after written request by the student's parent and authorization by the student's physician.