2022-2023

Horry County Schools

Prescription Medication

Permission for School Administration

Must be completed by the child's prescriber and parent/guardian

IHP ☐
EAP ☐

Please note the following:

1. Medication should be administered by a parent/guardian before or after school hours, when possible.
2. Medication must be brought to the school nurse by a responsible adult. (**Do not send medication in with a child**.)
3. All prescribed medications must be provided to the school in the original labeled container issued by the pharmacist and accompanied by this permission form. **(the label and the prescriber's order on this form must match)**
4. Any prescribed controlled substance must be brought to the school nurse by the parent when the prescription is filled each month and must be provided to the school nurse in the most recent pharmacy labeled container.
5. "Sample" medication must be provided in a container appropriately labeled, which identifies the medication and must be accompanied by a note signed and dated by the prescribing provider that includes the student's name and directions for proper administration, along with this permission form.
6. Herbal substances are not considered medication and will not be administered by the school nurse.
7. First doses of a medication that a child has never received will not be given at school.
8. HCS district may reject requests for certain medications to be given at school.
9. This form is still valid and in effect if the child transfers to another school within HCS district for the current school year.
10. You MUST complete a **separate form for each medication** that is to be given at school.

Child's Full Name: _____ **Grade Level:** _____

Date of Birth: _____ **Gender: Male** ☐ **or Female** ☐

Section below must be completed and signed by the child's PRESCRIBER:

Name of **Prescription Medication** to be given at school**:**		**Reason(s)** for this Medication to be given at school**:**
Prescribed **Dose/Strength:** (i.e. 50 mg, mcg, grams)	**Amount** to be given at School**:** (i.e., 1 tab, 5 ml, 0.5 tab, 2 puffs)	**Frequency or Time** to be given at school**:** (For time, please specify preferred time. "Lunch" times vary from 10:30a-1p)
Prescribed **Route**:	**Controlled Substance:** ☐ No ☐ Yes	**Number of days medication** is to be given at school**:** ☐ until the end of the current school year ☐ _____ day(s)
List **possible side effects** from this medication**:**		**Special Storage Required:** ☐ No ☐ Yes _____

Prescribing Health Care Provider's Name & Office: ***(please print or stamp)*** **Office Phone:** _____

_____ **Fax:** _____

Signature of Prescriber: _____ ***Date:*** _____

****Please note that this form is only valid if signed and dated on or after July 1 for the upcoming school year.***

Section below must be completed and signed by the PARENT / LEGAL GUARDIAN:

Does this child have **any known allergies?** ☐ No ☐ Yes

(If yes, list all known allergies and type of reaction(s): _____

Does this child **take any additional medications at home or at school?** ☐ No ☐ Yes

(If yes, list the medications taken at home): _____

I understand and agree with all the following:

- I give permission for my child to be given the above medication as prescribed while at school per HCS district's policies.
- I give permission for information about this medication and/or my child's health to be exchanged between the HCS school nurse or designated HCS employee and/or the Health Care Provider, the prescriber, the pharmacist who filled this prescription, and/or their designee.
- I further give permission for information about my child to be shared with persons who legitimately need to know for the safety and well-being of my child.
- I agree to follow the HCS district policies concerning medications.
- I agree that it is my responsibility to provide the school with the medication for my child and any supplies needed.
- I agree that it is my responsibility to notify the school if my child's health and/or medication(s) change in any way.

Parent/Guardian's Signature	Parent/Guardian's Name (Print)	Date	Phone Number