



**Charleston County School District
Medication/Procedure Doctor's Order**

To Be Completed By Legal Prescriber

Name of Student: _____

Date of Birth: _____ School: _____

Diagnosis: _____

Doctor's orders for medications or procedures to be administered or performed at school:

Comments, Special Instructions:

Legal Prescriber, print name/title

Signature of Legal Prescriber

Office phone #: _____

FAX #: _____

Date: _____

To Be Completed By Parent/Legal Guardian

I have read and understand the CCSD Medication/Procedure policy and give permission for my child to receive the above medication or have the above procedure performed as directed.

Signature of Parent/Legal Guardian

Date

Home Telephone #: _____

Work Telephone # _____



Charleston County School District Parent Information For Medications and Medical Procedures

The CCSD is genuinely concerned with the health and welfare of your child. Because of this concern, the School District has established a policy identifying procedures for the safe administration of medications and or medical procedures performed during school hours, at any school-sponsored activity, in transit to and from school-sponsored activities, and during, before, or after school activities on school property and on school-sponsored field trips.

General Rules

Medications

1. Long-term prescription and non-prescription medication (over 2 weeks) require receipt of the completed *CCSD Medication Procedure Doctor's Orders* form signed by the parent/legal guardian and the child's legal prescriber. All medication must be provided in the properly labeled original container.
2. Short-term prescription medications (2 weeks or less) require written permission from the parent/legal guardian and the original properly labeled prescription container.
3. CCSD employees will not assist with the administration of any non-pharmaceutical products (e.g., herbal remedies).
4. Only a licensed nurse may administer over-the-counter medications to students following doctor's orders that have been approved by the CCSD Physician Consultant. [Parental permission must be granted by completing the medication section of the CCSD Extra Curricular and After-Hours School-Sponsored Events and Trips form.](#)

Procedures

1. Medical procedures require receipt of the completed *CCSD Medication Procedure Doctor's Orders* form and necessary equipment for the procedure.
2. The school nurse, in consultation with the parents, physician, and student, will develop an individualized Health Management Plan for the medical procedure

Self-Medicating and/or Self-Monitoring

Certain students with special health care needs may self-administer and/or monitor, provided the following requirements are met:

- CCSD Medication/Procedure Doctor's Order form is completed with the following: name of the medication/procedure; dosage, time, and route of the medication; statement from the legal prescriber that the student may self-medicate and monitor; signature of legal prescriber; signature of parent or legal guardian.
- An individualized health management plan (IHP) has been developed by the school nurse with input from the student's healthcare provider, the parent, and the student.
- Documentation has been received from the student's healthcare provider stating that the student has been trained and is competent to self-medicate and/or self-monitor.
- Signed release of information from the parent allowing sharing of information to those school employees with a legitimate need to know has been received.
- Medication is provided in an appropriately labeled prescription container.
- The school has determined that the student's self administration/monitoring will not jeopardize the safety of the student or others.
- A signed statement by the parent/legal guardian acknowledging that the School District shall incur no liability as a result of any injury arising from the student self-medication and/or monitoring. The parent/legal guardian shall indemnify and hold harmless the district and its employees and agents against any claims arising out of the student self-medication and/or monitoring.

Parent Responsibilities

1. *CCSD Medication/Procedure Doctor's Orders* form along with the medication in the original labeled prescription container and/or proper equipment for medical procedure to the school.
2. Inform the school of any changes in the student's health condition, medical procedures, or medications.
3. Update CCSD forms annually or when there is any change in the medications, medical procedures, or health condition.
4. Pick up any unused medication or medical supplies within one week of discontinuation or last day for students, whichever comes first. If not picked up, medications will be disposed of.
5. Provide no more than a thirty (30)-day supply of medication to the school or the after-school individual responsible for giving medication.
6. Be responsible for medication/equipment until it is received by the principal, his/her designee, or the individual responsible for treatment/giving medication.

School Responsibilities

1. Receive and review a completed CCSD Medication/Procedure Doctor's Orders form, along with properly labeled medication and/or appropriate equipment.
2. Properly train designated staff member or volunteer registered nurse or physician to assist with administration of medication or performance of medical procedure according to CCSD policy.
3. Communicate with the parent any problems or issues related to administering medication or medical procedures.
4. Destroy medicine one week after discontinuance of medication or end of the school year, if not reclaimed by parents.