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|   |                                | <b>Fax:</b><br>(704) 432-2079<br>(School Health) | <b>For School Use Only</b>  |
|   |                                |  | <b>Date Received/Receiver's Signature:</b>                                    |
| <b>Student's Name (Please print.)</b>   | <b>Student's Date of Birth</b> |  | <b>Medication Received?</b> yes    no   |
|   |                                |  | <b>Date Approved/Nurse's Signature</b>  |
|   |                                |  | <b>Entered in EHR?</b> yes    no  |
| <b>Parent/Guardian: Please read both pages of the Action Plan. Sign and date the bottom of both pages to show your agreement.</b> |                                |  | <b>Student Self Carries Medication in Health Room Medication in Classroom</b> |

**Important Information about Medication Administration in CMS Schools**

When possible, medications should be taken before or after school.  
Administration of non-prescription medications at school is discouraged.  
Written parent/guardian consent and an order from a healthcare provider licensed in North Carolina are required for administering prescription and over-the-counter medications at school (CMS Policy JLCD/Regulation JLCD-R). Contact the school nurse for help if relocating from another state with orders from an out-of-state provider. Some medications may not be suitable for a school setting. Additional documentation may be required for some medications (examples: research medications, medications with potential for immediate serious side effects). Contact the school nurse if you have questions.  
Unless changed in writing, this plan will be used for the entire school year within which it was written.  
Medications are given by a nurse or trained CMS staff.

# **Emergency Action Plan and Order: Severe Allergy in School**

Mecklenburg County Public Health