

Schools Shardster Mecklenburg

Important Information about

School Name

Student's Name (Please print.)

Parent/Guardian: Please read both pages of the medication orde

ation in CMS Schools

Mecklenburg County Public Health

For School Use Only
Date Received/Receiver's Signature:
Medication Received? yes no
Date Approved/Nurse's Signature
Entered in EHR? yes no



School Name

School Phone #

Mecklenburg County Public Health

For School Use Only





Medication Administration for CMS Students



Mecklenburg County Public Health

SECTION 3: Authorization for Self- Medication by CMS Students

Student's Name	Student's Date of Birth	Name of Medication

CMS ELIGIBILITY REQUIREMENTS FOR SELF-MEDICATION

Students with chronic conditions such as asthma, diabetes, severe allergies, and those who require frequent doses of non-prescription products, may be eligible to selfmedicate. Self-administration of a controlled substance will be considered in rare instances where potentially harmful medical episodes may occur. For self-medication, students: 1) must be mentally, emotionally, and physically capable of self-administering medication, 2) must have been instructed in proper use and safe-keeping of their medications, 3) must demonstrate mature and responsible behavior using their medication 4) must keep their medication secure on their own person or in some other manner agreed upon with the school nurse and the school administration, and 5) must not share medication with or display to other students. The privilege of being allowed to self-medicate may be taken away if there is any just cause. Failure to follow CMS policies and regulations may result in disciplinary actions as noted in the Student Code of Conduct. The CMS Board of Education, its designees, and agents, do not assume responsibility for self-medication by students. Additional details are noted in CMS Policy JLCD/Regulation JLCD-R.

HEALTHCARE PROVIDER

The student named above meets the CMS eligibility requirements for self-medication. This student is capable of, has been instructed on the procedures for and has demonstrated the skill to self-administer this medication as directed in Section 1 of this form. This student <u>will not</u> require adult supervision while taking this medication. Check applicable items below:

This medication is a controlled substance.

Please allow this student to self-administer this medication while at school during school hours.

This student should always carry this medication with him/her during the school day, while at school-sponsored events, or while in transit to or from school or school-sponsored activities.

Healthcare