



**AREDELLE PARROTT ACADEMY**  
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Dear APA Parent:

The following is Arendell Parrott Academy's current policy regarding the administration of medication during school. This policy is consistent with current policies recommended by the Department of Health and Human Services, Public Schools of North Carolina. If your child must have medication of any type given during the school day, including over-the-counter drugs (such as Tylenol, ibuprofen, Midol, cold medicine, cough medicine/drops, Pepto-Bismol, etc), you have the following choices:

1. You may obtain a copy of a medication form (enclosed with this letter, download from website, or pick up at APA office) and take the form to your child's doctor and have him/her complete the form by listing the medication(s) needed and dosage instructions. This form must be completed by the physician for both prescription and over-the-counter drugs. The form must be signed by the physician and you, the parent. Prescription medicines must be brought to school in a pharmacy-labeled bottle. Over-the-counter drugs must be received in the original container and will be administered according to the doctor's written instructions.
2. You may discuss with your doctor an alternative schedule for administering medications outside of school hours.
3. You may come to school and give the medication to your child at the appropriate time.

School faculty and staff will not be allowed to administer any medication to students unless the school has received a medication form properly completed and signed by both physician and parent, and the medication has been received in an appropriately labeled container. To guard the safety of your child and to insure that medications are distributed appropriately, there will be no exceptions to this policy.

If you have questions about the policy or other issues related to the administration of medication in the schools, please contact Mrs. Anne Fields at 252-522-0410, ext. 236 or [afields@parrottacademy.org](mailto:afields@parrottacademy.org).

Thank you for your cooperation.

Anne Fields  
Health Services Coordinator

**ARENDELL PARROTT ACADEMY**  
**Request for Prescription and Over-the-Counter Medication**  
**To be Given During School Hours**

To be completed by physician:

Name of student \_\_\_\_\_

Medication \_\_\_\_\_

Instructions:

Dosage \_\_\_\_\_ Time to be given \_\_\_\_\_

Indications (for prn drugs) \_\_\_\_\_

To be given: from (date) \_\_\_\_\_ to \_\_\_\_\_ or entire school year \_\_\_\_\_

Significant information (include side effects, toxic reactions, omission reactions) \_\_\_\_\_

Contraindications for administration \_\_\_\_\_

Physician contact information

Print name \_\_\_\_\_ Telephone \_\_\_\_\_

Prescription medication will be furnished by parent in properly labeled by a pharmacist with identifying information (name of child, medication dispensed, dosage prescribed, and the time it is to be given).  
Over-the-counter medication will be furnished by parent in its original container.

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent's Permission:

I hereby give my permission for my child (named above) to receive medication during school hours. This medication has been prescribed by a licensed physician. I hereby release Arendell Parrott Academy and their agents and employees from all liability that may result from my child taking the prescribed medication.

Parent's signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

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(School use only)

Reviewed and approved by \_\_\_\_\_ Date \_\_\_\_\_  
Health Services Coordinator's signature

Medication storage location \_\_\_\_\_

Name(s) of persons to administer medication in addition to health services coordinator \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_