



ARENDELL PARROTT ACADEMY
1901 DOBBS FARM ROAD
PO Box 1297
KINSTON, NORTH CAROLINA 28503

WWW.PARROTTACADEMY.ORG
252-522-4222 PHONE
252-522-0672 FAX
L. STEPHEN MAZINGO ED. D.
HEADMASTER

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. Julie Rogers at 252-522-0410, ext. 202 or jrogers@parrottacademy.org.

Thank you for your cooperation

ARENDELL PARROTT ACADEMY
Request for Prescription and Over-the-Counter Medication
to be Given During School Hours
2009/10

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 _____

*** ** **

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 _____

*** ** **

(School use only)

Reviewed and approved by _____ Date _____
School nurse's signature

Medication storage location _____

Name(s) of persons to administer medication in addition to school nurse _____

