



Dear Parent:

Gaston County Schools has a written policy (Policy Code 6130) to assure the safe administration of medication to students during the school day. If your child must have medication of any type, including over-the-counter drugs, given during school hours, you have the following choices:

1. You may come to school and give the medication to your child at the appropriate time(s).
2. You may obtain a copy of a medication form from the school nurse or school secretary. Take the form to your child's doctor and have him/her complete the form by listing the medication(s) needed, dosage, and number of times per day the medication is to be administered. This form must be completed by the physician for both prescription and over-the-counter drugs. The form must be signed by the doctor and by you, the parent or guardian. Prescription medicines must be brought to school in a pharmacy-labeled bottle which contains instructions on how and when the medication is to be given. Over-the-counter drugs must be received in their original container.
3. All controlled medications must be counted by both the parent/guardian and a GCS staff representative.
4. You may discuss with your doctor an alternative schedule for administering medication (i.e., outside of school hours).
5. Self-medication: In accordance with G.S. 115C-375.2 and G.S. 115C-47, students requiring medication for asthma, anaphylactic reactions (or both), and diabetes may self-medicate with physician authorization, parent permission, and a student agreement for self-carried medication. Student must demonstrate the necessary knowledge and developmental maturity to safely assume responsibility for and management of self-carry medications.

School personnel will not administer any medication to students unless they have received a medication form properly completed and signed by both doctor and parent/guardian, and the medication has been received in an appropriately labeled container. If you have questions about the policy, or other issues related to the administration of medication in the schools, please contact the school nurse at the following number: \_\_\_\_\_.

Thank you for your cooperation,

School Nurse \_\_\_\_\_ Principal \_\_\_\_\_