SCOTT COUNTY VIRGINIA SCHOOLS

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DIVISION SUPERINTENDENT

John I. Ferguson
340 East Jackson Street
Gate City, Virginia 24251
Phone: (276) 386-6118
Fax: (276) 386-2684

Dear Parent(s):

The Scott County School System discourages administration of medication during school hours, and requests that whenever possible medication doses should be scheduled so that they may be given at home. We do, however, realize that at times it may be necessary for a student to receive medication while at school. In these circumstances, the following form must be completed and the parent shall bring the medication to school in a container appropriately labeled by the pharmacy or physician with a current date. Please have your child's doctor fill out and sign the form below. **A parent or guardian's signature is required for your child to receive the medication. Medications without physician's order may not be administered by licensed medical personnel per the Virginia Board of Nursing. This form must be complete when medication is delivered.**

Student's school nurse___________________ **Student's school phone and fax__________________________________**

Sincerely,

Tiffany Howard, BSN, RN
School Nursing Coordinator, Scott County Division

Dear Physician:
If medication must be given during school hours, please complete this form to assist school personnel in administering medication.

Patient Name	
Patient DOB	
Patient Address	
Parent Name	

Medication	Dosage	Frequency	Indication	Side effects

DATE OF ORDER___________________DURATION OF ORDER_____________________

______________/____________________________________/____________________________/___________________
(Date) Physician's Signature Phone Number NPI

I request that school personnel give the above medication as ordered by the physician as stated according to the orders above. I authorize a representative of the school and the physician to share pertinent information regarding this medication. I agree that the school representative will not be responsible for any adverse reaction to the medication given to my child as directed.

_____________________ **____**
(Date) **(Parent/Guardian Signature)**

Revised 12/17