



MEDICAL CONSENT FORM

909 East Booker Dairy Rd.

Smithfield, NC 27577

p: 919/626-2300

f: 919/938-1079

www.neusecharterschool.org

Student Name: _____

Date of Birth: _____

Medical Issues/Physical Limitations: _____

Precautions/Untoward Reactions/Interventions/Emergency Measures/Activity Restrictions:

If an *emergency situation* occurs during the school day or if the student becomes ill, school officials are to a. contact me at my office: _____ Phone #: _____

b. take child immediately to the emergency room at _____

A written statement, treatment plan, and written emergency protocol developed and signed by the student's health care provider must accompany this authorization form in accordance with requirements stated in G.S. 115C-375.2.

PARENT'S PERMISSION (please initial beside each applicable statement):

_____ I hereby give my permission for my child [named above] to receive medication that has been prescribed by a licensed physician during school hours. I understand that non-medical personnel conduct medication administration. If medication is not available at the school, 911 will be called for emergencies. If an emergency arises, I agree to the release of medical information to medical professionals. I hereby release Neuse Charter School Board of Directors and their agents and employees from all liability that may result from my child taking the prescribed medication. This consent is good for the school year, unless revoked.

_____ I decline a specialized health care plan for my child. It is my understanding that NCS personnel will call 911 should a health emergency occur that warrants immediate assistance. I agree to leave emergency contact information on the emergency contact form in the front office of NCS in the event we are not available during my child's emergency.

_____ I hereby give my permission for a medical plan to be developed for the child named above. This information will be kept confidential and only shared with the need-to-know NCS staff. I assume full responsibility for providing up-to-date medical documentation and any necessary medication and/or equipment with appropriate NCS forms if applicable. This medical plan must be reviewed, updated and signed each school year. In the event of an emergency, 911 will be called.

Parent/Guardian Signature: _____

Date: _____

School Nurse Approval: _____

Date: _____