



North Carolina Governor's School 2023

**MEDICATION PERMISSION: ACKNOWLEDGEMENT OF
PRESCRIPTION & OVER-THE-COUNTER MEDICATION** (2 PAGES)

Completed by Parent/Legal Guardian and Student

Student's Full Legal Name: _____

Date of Birth: _____

Prescription Medications

Due to limited capacity for Governor's School ("GS") staff to receive, store, and facilitate the administration of prescription drugs to all GS students who have prescription medications, the following is the process related to the handling of prescription drugs for the 2023 session:

Those medications prescribed for pain will be kept in a locked area by GS staff and medication administration will be supervised.

With parent/guardian permission, all other medications, including but not limited to medications for chronic medical conditions, topical medication, birth control, and allergy medications, will be kept with students in dorm rooms and administered by the students as prescribed.

Medications prescribed for ADHD will be kept with students in dorm rooms, but students will have weekly medication check-ins with GS staff to ensure compliance.

GS staff will make final determination on which drugs will be kept by GS staff and which will be allowed to be kept by students and administered by them based on current recommendations by the GS student's medical provider.

By signing below, I acknowledge that I am the GS student named above and understand that it is my responsibility to keep my medications secure in my dorm room and to make sure I only use them as prescribed by my medical provider. I acknowledge that I will not give my medications to others on campus and understand that if I am found doing so, it will be considered a violation of the GS Honor Code and may result in my dismissal.

Signature of Student: _____

Date: _____

By signing below, I acknowledge that I am the parent or legal guardian of the GS student named above ("my student"). I give permission for those approved medications listed on my student's Medication Administration Plan to be kept by my student in their dorm room and self-administered as prescribed. Prescribed pain medications will be stored and administered by GS staff.

Signature of Parent or Legal Guardian: _____

Printed name of Parent or Legal Guardian: _____

Date: _____

Over-the-Counter (OTC) Medications

The Governor's School Wellness and Leadership Teams will have access to the over-the-counter medications listed below. These will be available only upon student request and with parent permission. Please indicate below which medications your student has permission to request.

OTC Medication	Indicate with an "x" that this may be given to your student if needed
Hydrocortisone cream/ointment	
Anti-Bacterial cream/ointment (Bacitracin)	
Tylenol 325mg (or generic)	
Ibuprofen 200mg (or generic)	
Aspirin	
Cold and Cough liquid	
Tums (or generic)	
PeptoBismol (or generic)	
Benadryl tablets (or generic)	
Claritin (Loratidine) 10mg	

By signing below, I acknowledge that I am the parent or legal guardian of the GS student named above ("my student"). I give permission for GS to provide the OTC medications I have indicated above to my student should it be needed during their GS session.

Signature of Parent or Legal Guardian: _____

Printed name of Parent or Legal Guardian: _____

Date: _____