

**Rochester Community Schools (RCS)  
School Medication Administration Authorization**

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Physician/Licensed Health Care Provider Orders**

*-Only one medication order per form-*

Name of medication: \_\_\_\_\_ Dose (please do not give a range): \_\_\_\_\_ Route: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

**For INHALERS, or other EMERGENCY MEDICATION ONLY**, it is my professional opinion that this student is responsible and knowledgeable about the proper use of this medication and should be allowed to self-carry.  YES  NO  
*In an emergency, the student may require help with medication administration.*

**RCS is not a self-carry district, therefore, only emergency medication (inhalers, epinephrine, glucagon, solu-cortef injection), and/insulin, for students with diabetes will be permitted as "self-carry." Please utilize the medical action plan respective to the diagnosis of diabetes, adrenal insufficiency, allergies and asthma, for medication orders.**

YES  NO Start Date upon delivery of the medication and this permission to school. (Received \_\_\_\_\_)

Other Start Date \_\_\_\_\_ Other End Date \_\_\_\_\_

Routine time(s) to give during the school day \_\_\_\_\_ as needed (PRN) every \_\_\_\_\_

Other administration instructions \_\_\_\_\_

Storage instructions \_\_\_\_\_

Possible side effects/adverse reactions \_\_\_\_\_

PRESCRIBER (print name): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*(Provider Stamp)*

**Parental Permission**

I request that school staff give my child the above medication as ordered, by a physician/licensed health care provider. I give permission for the prescriber to be contacted by the school nurse, if clarification is needed.

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

*Signature*

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

*It is the parent/guardian responsibility to: replace expired medication; provide refills in the new original container when needed; transport the medication to & from the school office; and pick it up at the end of the school year. The school does not store medicine over the summer. No expired medication will be given.*

**Guidelines for licensed prescriber(s), parent/guardian,  
and school staff regarding over-the-counter (OTC) medication at school:**

- All medication must be **in the original container** and an unopened container is recommended. (No expired medications will be given).
- **Write your child's name** on the medicine bottle or packaging without covering the label.
- **Write the exact dose-** amount of medication to be given, not a range, from page one of this form.
- **Only one medication per form.** You will need a separate form for every medication.
- **Write the condition** for use (such as, inattention, anxiety or menstrual cramps, etc.).
- **Stomach pain** will NOT be treated with acetaminophen, ibuprofen or naproxen without a gastrointestinal diagnosis and medical action plan on file. Menstrual cramps are not considered stomach pain.
- **If your child is sick**, it is NOT appropriate to treat the symptoms at school, (such as **fever**, respiratory illness, headache, nausea, vomiting, diarrhea, acute abdominal pain, and symptoms of communicable disease, such as COVID-19, etc.). Medication may help symptoms briefly, but the child may still be contagious and should be at home. Exclusion criteria will be based on local and state guidance.
- **Cough drops** are considered to be more like candy than medicine and have the potential to be a choking hazard. If your child's cough is concerning, please consult a medical professional. Cough drops will not be given in the school setting.
- OTC Benadryl or other antihistamines ordered for a potentially life threatening allergy (anaphylaxis) must be ordered as part of the **Severe Allergy Medical Action Plan (MAP)**, and signed by the physician/licensed health care provider.
- OTC Benadryl or other antihistamines for **mild food allergies** must be ordered by a physician/licensed prescriber and can be submitted without completing a MAP for **severe allergies**. *A severe allergy is defined as having a prescription for epinephrine, for said allergy.*
- **For the purpose of this form**, over the counter (OTC) medication includes topical creams, sprays, vitamins and homeopathic remedies. FDA approved sunscreen is permitted without a licensed prescriber signature, for self-application via parent/guardian consent.
- **CBD oil** will not be permitted on school property, in any form. If your child's medical regimen includes the use of any CBD products, please do not send these products to school. Even if a product is "hemp" based only, The FDA cannot confirm traces of THC and are therefore banned in school and on buses, in the State of Michigan.

**PLEASE NOTE:**

- The reverse side of this form must be completed and signed by a licensed prescriber and parent/guardian. The very first dose of this medication type may not be given at school since it is not known how your child may react to the medicine.
- Unused medication may be picked up by a parent/guardian any time before the end of the school year. Medication remaining, 5 days, after the last day of school will be properly discarded.

*Parent(s)/guardian(s) have the right to come to school and give medication to their child without an order form on file, (with the exception of CBD and Schedule 1 Controlled Substances, which cannot be on school property). However, all sick children should be home to help heal themselves and to protect others.*

If you have questions regarding the guidelines above, please feel free to contact the school.