

# TROY SCHOOL DISTRICT AUTHORIZATION FOR MEDICATION AND/OR TREATMENT

*It is the policy of the Troy School District to have written authorization for a student to take any medication during the school day.*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## **To be completed by the Physician or Authorized Prescriber: ONE MEDICATION PER FORM**

Name of medication: \_\_\_\_\_

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

Form of medication/treatment:

Tablet/capsule     Liquid     Inhaler     Nebulizer     Injection     Glucometer     Other: \_\_\_\_\_

Instructions (schedule and dose to be taken at school):

Route of Medication (Oral, etc.): \_\_\_\_\_

Start:     Date from received    Other dates: \_\_\_\_\_

Stop:     End of school year    Other date/duration: \_\_\_\_\_

For episodic/emergency events only

Restrictions and/or important side effects:     None anticipated     Yes. Please describe:

Special storage requirements:     None     Refrigerate

Other: \_\_\_\_\_

This student may carry an inhaler (**applicable to all students**):     No     Yes

This student may carry an EpiPen (**applicable to all students**):     No     Yes

This student may carry this medication (**applicable to high school students, with the exception of inhalers and EpiPen**):     No     Yes

This student is both capable and responsible for self-administering this medication (**applicable to high school students only, with the exception of inhalers and EpiPens**):     No     Yes—supervised     Yes—unsupervised

Signature: (stamp not accepted) \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_

## **To Be Completed by Parent/Guardian:**

I request that (*check appropriate direction below*):

School personnel store and administer the medication to the above-named student as prescribed, which shall be done in the presence of another adult, except in emergencies.

School personnel and/or clinic volunteer store the medication only. The above-named student shall be responsible for self-administering the medication without supervision or monitoring by school personnel (**applicable to high school students only, with the exception of inhalers and EpiPens**).

The above-named student is allowed to carry and self-administer nonprescription medication without the supervision or monitoring by school personnel (**only applicable to high school students only**).

I understand and agree that all medication must be in the original container, clearly marked with the student's name, name of medication, and prescribed dosage.

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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