

**Rochester Community Schools (RCS)
Medication Administration Authorization Form
Prescription and Over the Counter (OTC) Medication**

Student Name: _____ Date of birth: _____
School: _____ Grade: _____

Physician/Licensed Health Care Provider Orders

-Only one medication order per form-

Name of medication: _____ Dose: _____ 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 such as inhalers, epinephrine, glucagon, solu-cortef injection, and routine medication such as insulin, will be permitted as self-carry. When using this form, please utilize the medical action plan (MAP) respective to the diagnosis of general chronic conditions for administration parameters, if applicable.

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

Routine time(s) to give during the school day; _____ *as needed (PRN) every: _____

Other administration instructions including frequency: _____

Storage instructions: _____

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.

*as needed (prn medication), will more than likely require a medical action plan (MAP), with detailed assessment parameters.

Guidelines for licensed prescriber(s), parent/guardian, and school staff regarding medication at school:

- **For the purpose of this form**, over the counter (OTC) medication(s) includes, but are not limited to: pills, liquids, drops, topical creams/ointments, sprays, vitamins and homeopathic remedies. FDA approved sunscreen is permitted without a licensed prescriber signature, for self-application via parent/guardian consent.
- **All medication** must be in the original container, or pharmacy prescription bottle, labeled with the student's name, medication name, dosage, and frequency to dispense instructions. The medication administration authorization form must match the medication to be given.
- **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/or symptoms of communicable disease, such as COVID-19, etc.), unless there is a medical action plan on file to support a chronic medical condition. Medication may help symptoms briefly, but your child may still be contagious and should be at home. Exclusion criteria will be based on Oakland County Health Division guidance.
- **CBD** (in any form), is not permitted on school property or on a school bus for any length of time, with the **ONLY** exception of epidiolex. If your child's medical regimen includes the use of CBD, that is not epidiolex, please do not send these products to school.
- Stomach pain will **NOT** be treated with acetaminophen, ibuprofen or naproxen without a gastrointestinal diagnosis and a medical action plan on file. Menstrual cramps are not considered stomach pain.
- **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 with a medical professional. If your child has a chronic condition that includes coughing, please submit a medical action plan to the school. Antihistamines and decongestants may be permitted. 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 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.*

PLEASE NOTE:

- The reverse side of this form must be completed and signed by a licensed prescriber AND parent/guardian. The 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(s) 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.

*as needed (prn medication), will more than likely require a medical action plan (MAP), with detailed assessment parameters.