

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 and middle school students**): No Yes

This student is both capable and responsible for self-administering this medication (**applicable to high school and middle school students**): 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 middle and high school students only**).

For self-carry and self-administration of non-prescription medication without the supervision or monitoring by school personnel please use the Non-Prescription Medication Self-Carry/Self-Administer Form available for high school and middle 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: _____

TROY SCHOOL DISTRICT MEDICATION PROCEDURES

- Medication Authorization is for the current school year only and will expire at the end of the school year.
- Written authorization and order completed and signed by the student's physician and a parent/guardian is required before any medication can be given at school. Medications include prescription, over-the-counter, topical, eye or ear drops, nasal sprays or mists, and inhalers.
- Only one medication per form. A separate form is required for every medication.
- Medication administration during school hours will be permitted only when failure to do so will jeopardize the health of a student or the student would not be able to attend school if the medication or treatment were not available during school hours.
- Medications must be brought to school by the student's parent/legal guardian.
- Parents/legal guardians are responsible for checking the need for medication refills, including expired medications, and supplying the refills to the school in a timely manner.
- All medications must be in a container as prepared by a pharmacy, physician, or pharmaceutical company and clearly marked with the student's name, the name of the medication, the prescribed dosage, and requested time of administration.
- All controlled-substance medications will be counted and recorded in the presence of the parent/legal guardian when brought to school.
- Changes in dosage, frequency, or time of administration cannot be made without written instruction from a physician.
- Students in high school and middle school may self-carry/medicate prescription medications only if authorized by the physician and parent/guardian.
- Students in high school and middle school may self-carry/medicate non-prescription medications if authorized by the parent/guardian and the Non-Prescription Self-Carry/Self-Administer Form is completed.
- A student who has been approved for self-carry/medicate may have in his/her possession only the quantity of medication needed for that school day, unless otherwise approved, in writing, by the building administrator.
- Students who self-carry should never share their medication with anyone else.
- Designated staff will be administering medication.
- Administrators, counselors, teachers, and other appropriate staff will be made aware of your child's condition and need for medication.
- The school will NOT be distributing lunch or afternoon medications on half days of school.
- Medication left over at the end of the school year or after a pupil has left the district shall be picked up by the parent/legal guardian. Any medication not retrieved by the parent/legal guardian will be disposed of within seven days of the last student day of school and documented by the individual who is responsible for administering medication.

Please list all medications your child is currently taking, whether taken in the home or at school (*optional*):

Parent Signature

Date