

TRENTON PUBLIC SCHOOLS

ADMINISTRATION OF MEDICATION TO PUPIL PERMISSION FORM

The School Code of Michigan of 1976, revised 1995, section 1178.

A school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult or in an emergency that threatens the life or health of the pupil, pursuant to written permission of the pupil's parent or guardian and in compliance with the instructions of a physician is not liable in a criminal action or for civil damages as a result of the administration except for an act or omission amounting to gross negligence or willful and wanton misconduct.

PHYSICIAN'S ORDER

Student's Name _____ Grade _____

Address _____ DOB _____

Condition for which drug is being administered _____

Medication _____ Dosage _____

Hours to be given at school _____ at home _____

For a period from _____ to _____
(date) (date)

Behavior changes or side effects: None anticipated Yes, please describe

Additional comments: _____

Physician's Name (please print) _____

Physician Signature _____

Address and City _____

Telephone Number _____

PARENT/GUARIDAN AUTHORIZATION

I request that school personnel give my child _____
The MEDICATION ORDERED ABOVE by his/her physician.

Parent/Guardian Signature _____

Date _____

Please return this form to you child's building principal. Medication must be brought to school by the parent/guardian in a labeled pharmacist bottle each time a supply is sent.

Trenton Public Schools
2603 Charlton Road
Trenton, Michigan 48183
(734) 676-8600
Fax: (734) 676-4851

**TO BE COMPLETED BY THE PHYSICIAN AND PARENT/GUARDIAN FOR STUDENT
SELF- ADMINISTERING MEDICATION**

STUDENT NAME: _____

1. This student is both capable and responsible for administering this medication:

- No Yes - Supervised
 Yes - Unsupervised

2. This student may carry this medication:

- No Yes

3. Please indicate if you have provided additional information:

- On the back side of this form
 As an attachment

4. The physician has instructed said student on appropriate use and side affects of the self-administering medication:

- No Yes

The State of Michigan gives the right to a school building administrator to discontinue the self-administered medication privilege if there is a violation with this privilege. The self-administered medication privilege requires:

1. That the medication be kept on the student at all times.
2. The student may not share the medication with any other student(s).
3. The student must administer the medication according to the prescribed pharmaceutical/physician instructions.

PARENT/GUARDIAN SIGNATURE: _____

PHYSICIAN SIGNATURE: _____

DATE: _____

School: _____ This information expires on June 30, _____

SCHOOL-BASED CARE PLAN for the STUDENT with DIABETES

Name: _____ Birth Date: _____

Address: _____

Parent(s)/Guardian(s) or Emergency Contact: _____ Home Phone: _____

Work Phone: _____ Pager/Cell: _____

SYMPTOMS SPECIFIC TO STUDENT

Low blood sugar

High blood sugar

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

TO BE COMPLETED BY PHYSICIAN

The following activities will require supervision and/or assistance for _____ during the school day. Please check all that apply:

- May self test?
- Blood glucose testing Daily at _____
- Blood glucose testing as need per symptoms
- Target glucose range _____
- Low blood sugar range _____
- Intervention _____
- High blood sugar range _____
- Intervention _____
- Ketone Checks If glucose levels over _____ mg/dl
- Administer Glucagon For following symptoms _____
- Insulin administration See attached schedule
- Snack Daily at _____
- Snack As needed

Training for the above procedures will be provided by: _____

Parent(s)/Guardian(s) Signature: _____

Physician Signature: _____

Physician's Address: _____ Phone: _____