

# 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 (prescription or non-prescription) 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 only**):     No     Yes

This student is both capable and responsible for self-administering this medication (**applicable to high school and middle school students only**):     No     Yes—supervised     Yes—unsupervised

Physician's Signature: \_\_\_\_\_ 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 and middle school students**).

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 only if authorized by the physician and parent/guardian.
- 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*):

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Parent Signature

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Date