Medication Procedure Letter

Dear Parents and Guardians,

As part of our commitment to ensuring the safety and well-being of all students, we would like to inform you about our medication procedure, which is designed to protect your child during school hours.

Medication Administration Procedure

To administer any medication—whether prescription or over-the-counter (including common medications such as Tylenol or Advil)—we require both a parent/guardian signature and a prescriber's signature on file. This is in place to ensure that we have the necessary permissions and instructions for your child's medication. If we do not have the required written permissions, we will not be able to administer any medication. Medication Authorization Forms can be obtained by contacting our office staff or on our website. Novi Community School District School Health Page

Medication Administration Options

If your child requires medication during school hours, please consider the following options:

- **Complete the Medication Administration Form**: This form must be filled out and signed by both the prescriber and the parent/guardian. It should include:
  - The name of the medication
  - Dosage
  - Frequency of administration
  - All medications must be brought to school in their original containers:
    - Prescription medications must be in a pharmacy-labeled bottle.
    - Over-the-counter medications must be in their original packaging.
    - Both containers must be clearly labeled with your child's name and instructions for administration. The completed form and medication must be delivered to the school by a parent or guardian; students are not permitted to bring medication to school.
  - Please note that new forms must be submitted each school year.
  - Form must be resubmitted whenever there are changes to the medication orders.

- **Alternative Administration Schedule**: You may discuss with your healthcare provider the possibility of administering medication outside of school hours.

If you choose to allow your student to self-carry their medication, additional requirements must be followed. The medication should be kept in the front pocket of the student's backpack during bus rides. Parents or guardians are responsible for regularly checking the medication, and all necessary paperwork must be completed for each medication.

Important Reminders

- School personnel will not administer any medications without the properly completed and signed Medication Authorization form.
- All medications must be in their original containers.
- Unused medications should be removed from school premises within two weeks (14 days) after the expiration date, upon notification of discontinuation, or at the end of the school year. Any unclaimed medications will be disposed of appropriately.

If you have any questions regarding our medication policy or the administration of medication within the Novi Community School District, please do not hesitate to reach out to

Cathy Farris RN, BSN at (248) 449-1616 or Cathy.farris@novik12.org
Danielle Stacer RN, BSN at (248) 675-3436 or Danielle.stacer@novik12.org

Thank you for your cooperation and support in keeping our students safe and healthy

*Students with health/medical issues may be eligible for protection under Section 504, a federal disability law. Parents who wish to initiate a request for a 504 evaluation should contact the office of the student's counselor or their school office.

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Novi Community School District Medication Authorization Form

This form is valid only for the current **School year** _____, including summer session.

This form must be completed fully in order for the school to administer the required medication. A new medication administration form must be completed at the beginning of each school year and each time there is a change in dosage. ★ Prescription medication must be in a container labeled by the pharmacy. ★ Non-prescription (over the counter) medication must be in the original container. ★ Over the counter medications, except topical creams/ointments, require physician signature. ★ An adult must bring the medication to school. ★ Any controlled substance must be counted with the parent and a staff member and must remain in the office.

Name of Student: _____

Date of Birth: _____ **Grade**: _____ **School**: _____

Condition for which medication is being administered: (circle all that apply)

Allergies to: _____ Asthma Seizures Diabetes Migraines

Other (not listed): _____

Medication Name	Dose	Time to be given	Route (Oral, Topical, Inhaled, Injection)
1.			
2.			
3.			

Prescriber's Name/Title: _____

Prescriber's Telephone: _____

Prescriber's Address: _____

Prescriber's Signature: _____**Date**: _____

Parent/Guardian Authorization I/We request school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication or it will be discarded appropriately.

YOU MUST COMPLETE THIS SECTION (1 OR MORE MAY BE APPLICABLE)

- My student is authorized to self-carry the above medication at school _____ (Initials)
- My Student is authorized to self-carry the above medication on the bus (an extra dose of the medication must be kept in the front pocket of the student's backpack) _____ (Initials)
- My Student's medication will be kept in the main office of the school (controlled substance must be kept in the office and may not be self-carried) _____ (Initials)

Parent/Guardian Signature: _____

Date: _____ **Home/Cell Phone #**: _____