

Western School District



MEDICATION ADMINISTRATION AUTHORIZATION

Michigan Law requires written orders from the treating physician/licensed prescriber and written authorization from the parent/guardian in order for school staff to administer medications to students in the school setting.

"Medication" refers to any prescription, over-the-counter (OTC), homeopathic, herbal, vitamin, or mineral preparation.

Parents are urged to give medication at home on a schedule outside of school hours, if possible. If it is necessary for medication be provided during school hours, these regulations must be followed:

- Medications must be prescribed in writing by the treating physician/licensed prescriber and must be renewed at least annually, at the start of each school year **and** any time medication needs change.
- Medication must be brought to school in the original pharmacy or OTC container labeled with the student's name and medication name, strength, dosage, route of administration, and time(s) to be given.
- The **parent/guardian is expected** to deliver medication and related equipment/supplies, as ordered, to the school as needed. Students are not permitted to deliver medication to school. All medications will be disposed of at the end of the year if not picked up by parent/guardian.

STUDENT'S NAME: _____ **DATE OF BIRTH:** _____

SCHOOL: _____ **TEACHER:** _____ **GRADE:** _____

PART 1 TO BE COMPLETED BY THE LICENSED PRACTITIONER:

Medication Name (only list one medication per form)	Dosage (no ranges)	Route	Time & Frequency	Self-administer (Epi-pens, Inhalers, Insulin) Y or N

Form of medication: ☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other _____

Special instructions/storage requirements: _____

Signs/Symptoms for which medication is being prescribed: _____

Restrictions and/or important side effects: _____

Order Start Date: _____ Order End Date: _____

(If no end date is indicated, medication orders will expire at the end of the current school year).

Licensed Practitioner Signature: _____ **Date:** _____

Printed Name: _____

Address: _____

Phone: _____ **Fax:** _____

SELF CARRY/SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-carry/self administration of medication (epinephrine and metered dose inhalers) may be authorized by the prescriber and must be approved by the school nurse according to the School Nurse Program medication policy. Emergency Plans must be on file and updated yearly for student to self-carry/self administer (i.e. Asthma/Seizure/Diabetes/Allergy action plans, etc.)

This student is both capable and responsible for self-administering this medication: ☐ Yes (unsupervised) ☐ Yes (supervised) ☐ No

This student may carry this medication: ☐ Yes ☐ No ☐ Other considerations: _____

Have you provided additional information as an attachment (i.e. asthma/seizure/diabetes/allergy actions plans, etc.) ☐ Yes ☐ No

Prescriber's authorization for self-carry/self-administration of medication: _____ **Date:** _____

School RN approval for self-carry/self-administration of medication: _____ **Date:** _____

Part 2 TO BE COMPLETED BY THE PARENT/GUARDIAN:

I hereby authorize trained school staff to administer the identified medication, ordered by the licensed prescriber, to the child named above. I will not hold the Board of Education or its personnel responsible for complications related to the medication pursuant to P.A. 451 of 1976- S1178. When necessary, staff may contact the licensed prescriber regarding administration of the medication. I understand that I am responsible for transporting the medication to the child's school.

Signature: _____ **Relationship:** _____ **Date:** _____

Home phone# _____ **Cell Phone#** _____ **Work#** _____

Order reviewed by the school RN: _____ **Date:** _____

Medication at School Summary

If your child needs to take medication during the school day, please be aware of the following highlights.

- Any medication should be taken at home if at all possible
- Medications needing to be given at school are to be brought to and from school by a parent/guardian.
- Medications must be in their **original container**, labeled with:
 - Name of student
 - Name of medication
 - Time of administration
 - Dosage
 - Route of administration
 - Expiration date
- Medications (prescription) must be accompanied by written, signed instructions from a **physician and/or licensed practitioner and signed/authorization by a parent/guardian**. These forms must be renewed at the beginning of each school year.
- Over-the-counter medications must be accompanied by written, **signed instructions from both a physician/licensed practitioner and parent/guardian**. These forms must be renewed at the beginning of each school year.
- Physician written orders must match prescription instructions on the container's label.
- Tablets must be sized for proper dosage (e.g. cut in half, etc) prior to bringing medicine to school.
- Students must provide their own measuring cup or spoon if indicated.
- Medications will be kept in the clinic/office area for the student to take with supervision or by administration of trained staff. Emergency medications will be kept unlocked in the office area and other locations as necessary during the school day.
- Parents/guardians may request permission for a student to carry and self-administer their own **emergency** (inhalers, epi-pens) medications if written permission is presented from the physician and school nurse.
- It is the responsibility of the student to report to the office at the time the medication is to be taken, unless prevented by a disability or other reason.
- Refill of the prescription is the responsibility of the parent/guardian.
- Expired medications will not be administered.
- Medications will be discarded if not picked up on or before the last day of school.