



# Negaunee Public Schools



## Permission Form for Prescription Medication

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

The Michigan State Law, Act 451 of 1976 states: 380.1178. Administration of medication to pupil; liability; Sec. 1178 School administrator, teacher or school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult 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 the civil damages as a result of the administration except for an act of omission amounting to gross negligence or willful and wanton misconduct.

The Board policy of Negaunee Public Schools 5703 provides that administration of medication in school must be based on written permission by the parent or guardian and must be done in compliance with a physician's instructions.

**MEDICATION MUST BE IN THE ORIGINAL PRESCRIPTION CONTAINER** clearly labeled with the name of the student; name and dosage of the medication, method of dispensation; time of the day to be given, name of physician; issued pharmacy name, address and phone number. **ALL MEDICATION FOR STUDENT MUST BE BROUGHT TO THE SCHOOL BY A PARENT OR DESIGNATED ADULT**; If these guidelines are not followed the medications will NOT be given.

### TO BE COMPLETED BY PARENT/GUARDIAN

I request that (name of student) \_\_\_\_\_ receive the medication listed below **at school or school related activities** according to the standard school policy. School related activities include weekend trips sponsored by the school.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**I understand that it is the responsibility of my child to report to the office for his/her medication(s). I also understand that it is my responsibility to notify the school of change or discontinuation of the medication (s). -On shortened school days, dispensing of the medication will be the responsibility of the parent.**

By law, any unused, discarded or outdated medicine must be picked up by the parent/guardian within seven (7) days of notification by school authorities or the medication must be destroyed by school personnel.

### TO BE COMPLETED BY PROVIDER

**This permission form is good for one school year for students.**

Name of Medication: \_\_\_\_\_ Reason for Medication: \_\_\_\_\_

Form of medication treatment: \_\_\_ Tablet/capsule \_\_\_ Liquid \_\_\_ Inhaler \_\_\_ Injection \_\_\_ Other: \_\_\_\_\_

Instructions (schedule and does to be given at school). Dose \_\_\_\_\_ When to give \_\_\_\_\_

Restrictions and/or important side effect \_\_\_ None anticipated \_\_\_ yes, please describe \_\_\_\_\_

Health Care Provider's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medication Trained School Staff Signature: \_\_\_\_\_

Start, Date form received: \_\_\_\_\_ Stop, End of School year: \_\_\_\_\_