

Bloomfield Hills Schools Medication Administration Authorization Form: Prescription

This form must be completed fully in order for any medication to be administered at school. A new medication authorization form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or instructions.

- ❖ Prescription medication must be in a container labeled by the pharmacist or prescriber.
- ❖ Non-prescription (over the counter) medication must be in the original container with the label intact. Students' names and date of birth must be on the medication.
- ❖ All medications, except non-prescription topical creams/ointments, require physician signature.
- ❖ An adult must transport the medication to and from school unless permission to self-carry/self-administer is granted.
- ❖ Any controlled substance must be counted with the parent and staff member and will be secured in the office.
- ❖ If medication is permitted to self-carry, the student may only carry one-day's worth of medication dose/s.

Prescriber's Authorization (To be completed by authorized prescriber)

Student Name: _____ Date of Birth: _____ Grade: _____

Medication Name: _____ Dose (no ranges): _____

Condition for which medication is being administered: _____ NPI#: _____

Route: ☐ By Mouth ☐ Inhaled ☐ Injection ☐ Other: _____

Time of administration: _____ If as needed, frequency: _____

If as needed, for what symptoms: _____

Special administration instructions: _____

Relevant side effects: ☐ None Expected ☐ Specify: _____

Special storage requirements: ☐ None ☐ Refrigerate ☐ Other: _____

Medication shall be administered from: (Month/day/year): _____ to _____

Prescriber's Name: _____ Phone: _____ Date: _____

Prescriber's Signature: _____ Address: _____

Parent/Guardian Authorization (To be completed by parent/guardian)

I request school personnel to administer the medication as prescribed by the above prescriber. I certify that I have legal authority to consent for medical treatment for the student named above, including the administration of medication at school. I hereby release from liability and agree to indemnify any school personnel for any action or inactions associated with the administration of medication to the above student.

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Self-Carry/Self-Administration of Medication Authorization/Approval

Self-carry/self-administration of medication (including emergency medication) may be authorized by the prescriber and parent/guardian. Students in grade 6-12 may self carry/administer medication except for controlled substances. Elementary students may self carry/administer only emergency medications.

This student may carry this medication: ☐ YES ☒ NO

This student is capable and responsible for self administering this medication: ☐ YES ☐ NO

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

Signature and Date

Parent's approval for self-carry/self-administration of medication: _____

Signature and Date

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- Medication must be in a container as prepared by a pharmacy, authorized healthcare provider, or pharmaceutical company, and clearly labeled with the student's name, the name of the medication, the prescribed dose, time and frequency of medication administration and special instructions, if any.
- Medications include prescription and non-prescription over-the-counter (OTC), including but not limited to: homeopathic, herbal, vitamin, mineral preparation, topical creams or ointments, eye or ear drops, transdermal patches, nasal sprays or mists.
- All medication must be brought to school by the student's parent/legal guardian unless the student has been authorized to self-carry the medication. The district reserves the right to determine that a student may not self-carry for any reason.
- Non-prescription (over the counter) medication must be in the original container with the label intact. Students' names and date of birth must be on the medication.
- All medications, except non-prescription topical creams/ointments, require physician signature.
- Medication authorization is for the current school year only and will expire at the end of the school year. All forms must be dated after July 1st of the upcoming school year and be received by the office prior to any medications being given by school staff.
- Parent/legal guardian will ensure that an adequate amount of medication is on hand at the school for the duration of the student's need to take medication, and responsible for checking the need for refills, including expired medications, and replenishing medication to the school in a timely manner.
- Changes in dosage, frequency, or time of administration for prescription medications cannot be made without written instruction from the authorized prescriber.
- A student who has been approved to self-carry medication 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.
- All controlled-substance medications will be counted and recorded in the presence of the parent/legal guardian when brought to school. Controlled-substance medication must remain secured in the office at all times.
- All medication not retrieved by parent/guardian or sent home per policy will be properly disposed of within 7 days of the last student day of school and documented by the individual who is responsible for administering medications.
- The district reserves the right to revoke or deny medication administration if authorization requirements are not met or if the student violates district policy.

For medication disposed of by school staff per policy:

Date of disposal: _____ If controlled medication, amount disposed of: _____

Staff signature: _____ Staff signature: _____ (witness)