

CLAWSON PUBLIC SCHOOLS

PARENTAL RESPONSIBILITIES MEDICATION PROCEDURES

(Parent copy-please keep this page for reference)

1. The student's parent/guardian must provide the school with written permission and request to administer medication. (Please use attached form.)
2. Written instructions from the physician include name of student, name of medication, dosage, time to be administered, route of administration, and duration of administration **must** accompany the medication.
3. A separate authorization for medication from must be filled out for each medication.
4. Medication must be brought to school by the parent/guardian unless other safe arrangements are necessary and possible.
5. All prescription medication must be in a labeled container as prepared by a pharmacy and labeled with dosage and frequency of administration.
6. Parental/guardian requests/permission and physician's instructions must be renewed annually at a minimum.
7. Prescription and medication supply renewal is the responsibility of the parent/guardian.
8. Medication left over at the end of the school year will be picked up by the parent/guardian or the school will appropriately dispose of the medication, and record this disposal on the medication log. Disposal will be witnessed by a second adult.
9. The school has set designated time for administration of medication. Please inform your physician for when he/she writes instructions for administration of the medication.
10. It is the parent/guardian's responsibility to check expiration dates periodically, especially on epi-pens and inhalers.

Suggested Procedures for Student Self-Administration/Self Possession:

1. The student's parent/guardian must provide the school with written permission and request to administer medication.
2. Written instructions from the physician include name of student, name of medication, dosage, time to be administered, route of administration, and duration of administration **must** accompany the medication.
3. The student's parent/guardian must provide written permission and request to the school to allow student to self-possess and self-administer medication.
4. Written instructions which include name of student, name of medication, dosage, time to be administered, route of administration, and duration of administration, and the physician/provider instructions that the student may self-possess and/or self-administer must be provided to the school.
5. The parental/guardian request/permission and physician's instructions must be renewed annually.
6. All medications should be kept in a labeled container as prepared by a pharmacy or pharmaceutical company and labeled with dosage and frequency of administration. This language also pertains to refills.
7. The building administrator may discontinue the student self-administration privilege upon advance notification to the parent/guardian.

Please note that these procedures are in effect for prescription and non-prescription medications. They also apply even if the medication needs to be given only once or twice.

CLAWSON PUBLIC SCHOOLS
AUTHORIZATION FOR MEDICATION – SECONDARY
(one form per prescription)

Student: _____ Date of Birth: _____
Grade: _____ Age: _____

To be completed by physicians or authorized prescriber

Name of medication: _____
Form of medication/treatment:

_____ Tablet/capsule _____ Liquid _____ Inhaler _____ Injection _____ Nebulize _____ Other

Medication will be administered as follows: **Before lunch or After Lunch (Circle one)**

Start: _____ date form received Other dates: _____
Stop: _____ end of school year Other date/duration: _____

Restrictions and/or important side effects: _____ None anticipated
_____ Yes, Please describe: _____

Special storage requirements: _____ None _____ Refrigerate

This student is both capable and responsible for self-administering this medication:
_____ No _____ Yes-supervised _____ Yes-unsupervised
This student may carry this medication: _____ No

Physician's Signature: _____ Date: _____
Physician's Name (please print): _____
Address: _____
Phone No: _____

To be completed by parent/guardian

I request that _____ receive the above medication at school according to standard school policy which I have read on the reverse side of this form.

I request that _____ be allowed to self-administer the above medication at school according to the school policy which I have read on the reverse side of this form.

Date: _____ Signature: _____ Relationship: _____

CLAWSON PUBLIC SCHOOLS

PARENTAL RESPONSIBILITIES MEDICATION PROCEDURES

1. The student's parent/guardian must provide the school with written permission and request to administer medication. (Please use attached form.)
2. Written instructions from the physician include name of student, name of medication, dosage, time to be administered, route of administration, and duration of administration **must** accompany the medication.
3. A separate authorization for medication from must be filled out for each medication.
4. Medication must be brought to school by the parent/guardian unless other safe arrangements are necessary and possible.
5. All prescription medication must be in a labeled container as prepared by a pharmacy and labeled with dosage and frequency of administration.
6. Parental/guardian requests/permission and physician's instructions must be renewed annually at a minimum.
7. Prescription and medication supply renewal is the responsibility of the parent/guardian.
8. Medication left over at the end of the school year will be picked up by the parent/guardian or the school will appropriately dispose of the medication, and record this disposal on the medication log. Disposal will be witnessed by a second adult.
9. The school has set designated time for administration of medication. Please inform your physician for when he/she writes instructions for administration of the medication.
10. It is the parent/guardian's responsibility to check expiration dates periodically, especially on epi-pens and inhalers.

Suggested Procedures for Student Self-Administration/Self Possession:

1. The student's parent/guardian must provide the school with written permission and request to administer medication.
2. Written instructions from the physician include name of student, name of medication, dosage, time to be administered, route of administration, and duration of administration **must** accompany the medication.
3. The student's parent/guardian must provide written permission and request to the school to allow student to self-possess and self-administer medication.
4. Written instructions which include name of student, name of medication, dosage, time to be administered, route of administration, and duration of administration, and the physician/provider instructions that the student may self-possess and/or self-administer must be provided to the school.
5. The parental/guardian request/permission and physician's instructions must be renewed annually.
6. All medications should be kept in a labeled container as prepared by a pharmacy or pharmaceutical company and labeled with dosage and frequency of administration. This language also pertains to refills.
7. The building administrator may discontinue the student self-administration privilege upon advance notification to the parent/guardian.

Please note that these procedures are in effect for prescription and non-prescription medications. They also apply even if the medication needs to be given only once or twice.