

**CLAWSON PUBLIC SCHOOLS**  
**PARENTAL RESPONSIBILITIES**  
**PRESCRIBED MEDICATION PROCEDURES**  
**ELEMENTARY SCHOOLS**

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. A second adult will witness disposal of medication.
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

### Request for Administration of Non-Prescription Medication to Student

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Under certain conditions, as a service to you and for the welfare of your child, school personnel may agree to honor parent and doctor requests for the administration of non-prescribed medication to students for limited periods of time. All medications must be in the original container, clearly labeled, and kept locked in the school office at all times.

**To Be Completed by Parent or Legal Guardian:**

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

Restrictions and/or important side effects: \_\_\_\_\_

\_\_\_\_\_ None anticipated: \_\_\_\_\_

Date to Start Medication: \_\_\_\_\_ Date to Stop Medication: \_\_\_\_\_

Tablet     Capsule     Liquid     Other

I do hereby request and authorize administration of medication to be given to the above named student.

- I will assume responsibility for safe delivery of the medication to school.
- I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.
- I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability, foreseeable or unforeseeable, for damages or injury resulting directly or indirectly from this authorization.

\_\_\_\_\_  
Signature of Parent of Legal Guardian

\_\_\_\_\_  
(Print) Parent or Legal Guardian Name

\_\_\_\_\_  
Telephone Numbers:

Daytime: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_