MIDLAND PUBLIC SCHOOLS

Permission Form for Prescription and Non-Prescription Medication

School Name:_____

Date form received by the school:_____

Student: _____ **Date of Birth or Age:** _____

Grade:_____ **Teacher/Classroom:**_____

To be completed by physician, physician's assistant or certified nurse practitioner (for Prescription AND/OR Non-Prescription medication)

Name of medication: _____

Reason for medication: (OPTIONAL) _____
Form of medication/treatment:

☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other:_____

Instructions (Schedule and dose to be given at school):_____

_____

Start: ☐ date form received Other dates: _____

Stop: ☐ end of school year Other date/duration:_____
☐ for episodic/emergency events only

Restrictions and/or important side effects: ☐ None anticipated

☐ Yes, Please describe: _____

_____

Special storage requirements: ☐ None ☐ Refrigerate

Other: _____

This student is both capable and responsible for self-administering this medication:

☐ No ☐ Yes-Supervised ☐ Yes-Unsupervised

This student may carry this medication: ☐ No ☐ Yes

Please indicate if you have provided additional information:
☐ On the back side of this form ☐ As an attachment

Physician's Name: _____

Address: _____

Phone Number:_____

Date:_____ Physician's Signature_____

To be completed by parent/guardian (for Prescription AND/OR Non-Prescription medication)

I request that (name of child)_____receive the above medication at school according to standard school policy

I request that (name of child)_____be allowed to administer the above medication at school according to standard school policy.

Date:_____Parent/GuardianSignature:_____Relationship:_____

MIDLAND PUBLIC SCHOOLS
Administration of Medication Policy

Medication Definition: Medication includes prescription, nonprescription and herbal medications and includes those taken by mouth, taken by inhaler, injected (epi-pen), applied as drops to eye or nose, or applied to the skin.
Administration of medication (prescription, nonprescription, and herbal) to a student by a school administrator or an employee designated by the school administrator is allowed if:

- ☐ The request to administer the medication form should be completed and signed by the student's parent or guardian.
- ☐ The request for prescription medicine must include the written instructions for the medication signed by the prescribing physician. The prescribing physician must authorize any changes in medication.
- ☐ Administration of medication by a school staff member must be done in compliance with a physician's written instructions and signed by a parent or guardian, for either prescription or nonprescription medicine. Administration of the medicine shall be done in the presence of another adult and a log of the medication administration shall be maintained. In a life-threatening emergency an individual may administer the medication, record this into the log and notify the school administrator.
- ☐ Parental or guardian request/permission and physician's instructions shall be renewed annually, or more often if necessary.
- ☐ Medication shall be stored in a secure location in a labeled container as prepared by the pharmacy, physician or pharmaceutical company and include the pupil's name, the name of the medication, dosage and frequency of administration. This container will be kept at the school for the duration of the administration.
- ☐ Non-prescription medications will not be given for more than the amount listed on the package without a note from a physician.
- ☐ All controlled-substance medications will be counted and recorded in the medication administration log upon receipt from the parent/guardian. The medication will be recounted on a regular basis (monthly or bi-weekly) and be reconciled with the medication administration log.

Self-Administration

Self-Administration means that the pupil is able to consume or apply prescription, non-prescription and herbal medication in the manner directed by a physician without additional assistance or direction. Self-possession means that the pupil may carry medication on his/her person to allow for immediate and self-determined administration

- ☐ The student's parent/guardian must provide written permission and request the school to allow student to self-possess and self-administer medication (prescription and/or nonprescription), except when prohibited by law.
- ☐ The request must include the written instructions for the medication and state that the student may self-possess and/or self-administer the medication. This request must be signed by the prescribing physician if a prescription medicine.
- ☐ Medication that a pupil possesses must be labeled and prepared by a pharmacy or pharmaceutical company and include the dosage and frequency of administration
- ☐ The parental or guardian request/permission and physician's instructions shall be renewed annually, or more often if necessary.
- ☐ Sharing of prescribed or non-prescribed medication is prohibited.
- ☐ Controlled substances (e.g., Ritalin or codeine) shall not be self-administered.
- ☐ Non-prescription medications will not be given for more than the amount listed on the package without a note from a physician.

The *Administration of Medications* policy and procedure plan shall be communicated to parents, guardians and physicians on an annual basis.

Additional Information

- ☐ If there is a question on the appropriateness of administering a particular type of medication or procedure, the involved employee should contact the building administrator who will seek further clarification.
- ☐ Medication should be brought to school by the parent/guardian unless other safe arrangements are necessary and possible.
- ☐ The school may set a designated time for administration of medication. The parent/guardian should be informed of this designated time and communicate this to the family physician when he/she writes instructions for administration of the medication. Exceptions to the designated time will be dealt with on an individual basis.
- ☐ Dividing a dose of medication is not the responsibility of the school personnel (e.g., pill-splitting, liquid dosage).
- ☐ Expiration dates on prescription medications, epi-pens, and inhalers shall be checked at least twice a year.

Medication Log

- ☐ A log of Medication administration shall be kept in the school office and filed in a pupil's permanent record at the end of each school year.
- ☐ The Medication Log shall include the pupil's name and the name and dosage of the medication. It should also include a place for the individual administering medication to record the date and time, the signature of individual administrating the medication and the signature of the adult witness.
- ☐ Prescription Accounting should be included on the Medication Log.
- ☐ If an error is made in recording, the individual who administered the medication shall cross out, initial the error, and make the correction in the log.

School Staff Training

- ☐ Training will be provided in the following situations:
  - When new staff is assigned to administer medications,
  - When special circumstances require procedures that fall outside the regular procedures,
  - When requested by building personnel.