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 for episodic/emergency events only Other date/duration:	
Restrictions and/or important side effects:	
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	Physician's Name:
This student may carry this medication: No Yes	Address:
Please indicate if you have provided additional information: On the back side of this form As an attachment	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 should be completed and signed by the student's parent or guardian.
- □ The request for 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.
- D 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.
- 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.