

SOUTH LYON COMMUNITY SCHOOLS

Permission Form for Prescribed and/or Non-Prescribed Medication

Forms must be dated after July 1st of the school year in which the medication will be taken.

Student _____		Birthdate _____		☐ Male ☐ Female		Grade _____		Date form received _____	
Parent/Guardian Name _____			Parent/Guardian Phone _____			School _____			

	Med Start Date	Distribute: As Needed Scheduled	Medication	Route*	Dose	Time Given	Location: Classroom Office Self Carry	Self Administer: Y–supervised Y–unsupervised or No	For Episodic/ Emergency Use Yes or No
1									
2									
3									

*Route - IM INJ (intramuscular injection), INH (inhaled), NSL (nasal), ORAL, RCT (rectal), SQ INJ (subcutaneous injection)

Reason for med/side effects/comments: Med #1 _____

Med #2 _____

Med #3 _____

PLEASE NOTE: NARCOTICS AND CONTROLLED SUBSTANCES SUCH AS RITALIN MUST BE DISPENSED THROUGH THE SCHOOL OFFICE.

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

Physician's Stamp Here

Physician/Authorized Prescriber Signature _____ **Prescriber Name** _____ **Date:** _____

Address: _____ **Phone Number:** _____

I request and give permission for the above child listed to receive the above medication(s)/treatments at school according to standard school district policy and for the physician or physician's staff and school district staff to share information needed to assist my child with medication needs. Schools require parent/guardian to bring medication in its original container (no exceptions will be made if not in original container). All medication must be labeled with the student's name and must be current.

Parent/Guardian Signature _____ **Date** _____

Staff who reviewed paperwork & medication _____	Date _____
Staff who entered into Skyward _____	Date _____
Building Administrator Approval _____	

PROTOCOL FOR MEDICATION DISPENSED DURING SCHOOL

We recognize that some students are able to attend regular school because of the effective use of medication in the treatment of chronic disability or illness. We are also aware some prescriptions require that medication be given while the individual is in attendance at school. The following protocol will be followed in order to protect the student and the adult administering the medication:

Prescription Medications

1. All medications that are to be administered by school personnel must be accompanied by a completed and signed Permission Form for Prescribed and/or Non-Prescribed Medications Form (Medication Form). The Medication Form must be fully completed and signed by both the parent and the physician.
2. The Medication Form must detail the name(s) of the medication, dosage, and the time interval for which the medication is to be administered.
3. The Medication Form expires at the end of each school year.
4. Medication and a printed copy of this form must be brought to the school office by the parent/guardian unless other safe arrangements are made with the administration or other designated staff.
5. Medication is expected to be brought to the school in the ORIGINAL CONTAINER, as prepared by the pharmacy, physician or pharmaceutical company, with dosage, frequency of administration and expiration date clearly indicated on the container.
6. Medication must be supplied in exact dosage prescribed as it is NOT the responsibility of school personnel to divide/cut pills.
7. No more than a forty-day supply of medication should be received from home.
8. Medications will be stored in a locked cabinet and dispensed under the supervision of building personnel.
9. Prescription and medication supply renewal is the responsibility of the parent/guardian. School personnel will not administer expired medication.
10. Medication left over at the end of either the school year or the medication administration period, whichever occurs first, must be promptly picked up by the parent/guardian or a school employee will dispose of the medication and record the disposal on the medication log. No medication will be kept for more than one school year.
11. A written record of the administration of medication will be maintained by the building office.

Over-the-counter Medications Elementary

1. If an elementary aged student requires administration of a non-prescription medication (i.e. aspirin, Tylenol, etc), a parent/guardian must submit completed and signed Permission Form for Prescribed and/or Non-Prescribed Medications Form (Medication Form). The Medication Form must be fully completed and signed by both the parent and the physician.
2. The Medication Form must detail the name(s) of the medication, dosage, and the time interval for which the medication is to be administered.
3. The Medication Form expires at the end of each school year.
4. Medication must be brought to the school office by the parent/guardian unless other safe arrangements are made with the administration or other designated staff.

Over-the-counter Medications Secondary

1. If a middle school aged student requires administration of a non-prescription medication (i.e. aspirin, Tylenol, etc), the parent/guardian must submit written authorization on the approved District medication form, giving student permission to self administer. Authorization must include the name of medication, dosage, and time interval.
2. If a high school aged student requires administration of a non-prescription medication (i.e. aspirin, Tylenol, etc), no written authorization is required.