SOUTH LYON COMMUNITY SCHOOLS

Permission Form for Prescribed and/or Non-Prescribed Medication

Student _____ Date of Birth _____ ☐ Male ☐ Female Grade ____

Home Phone Number _____ Parent/Guardian work phone number _____

Date form received by school _____

To be completed by the Physician or Authorized Prescriber

Name of Medication: _____ Dosage: _____

Form of Medication: ☐tablet/capsule ☐ liquid ☐inhaler ☐injection ☐nebulizer ☐ other _____

Reason for medication (optional): _____

Time medication to be administered during school hours: _____ Dose: _____

Start medication: ☐Date form received ☐Other date (specify) _____

Stop medication: ☐End of school year ☐Other Date (specify) _____

☐For episodic/emergency use only Special Instructions: _____

Restrictions and/or possible side effects: _____

Storage Requirements: ☐None ☐Refrigerate ☐Other: _____

This student is both capable and responsible for self-administering this medication: ☐ No ☐ Yes-supervised ☐Yes-Unsupervised

Are there extenuating circumstances which make it necessary for the student to self-possess and self-administer this medication?
☐Yes ☐No

The student may carry this medication. If yes, parent must fill out Option 2. ☐Yes ☐ No

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/authorized prescriber signature: _____ Date: _____

Address: _____ Phone Number: _____

To be completed by parent/guardian

Choose one of the options below

OPTION 1

I request that _____ receive the above medication in the school office according to South Lyon Community Schools Administration of Medication Policy.

Parent/Guardian Signature _____ Relationship _____

Date _____

OPTION 2 (self-possess)

Our physician has indicated that there are extenuating circumstances which make it necessary for _____ to self-possess and/or transport this medication. However, it is necessary for _____ to have the medication administered by school personnel according to the South Lyon Community Schools Administration of Medication Policy.

Parent/Guardian Signature _____ Relationship _____

Date _____

OPTION 3 (self-possess & self-administer)

Our physician has indicated that there are extenuating circumstances which make it necessary for _____ to self-possess and self-administer this medication. Therefore, I request that the building administrator approve this request and allow my child to self-possess and self-administer the above medication at school according to the South Lyon Community Schools Administration of Medication Policy, and I agree that the Procedures for Self-Possession and Self-Administration found in that policy will be followed.

Parent/Guardian Signature _____ Relationship _____

Student Signature _____ Date _____

Building Administrator Signature _____ Date _____

PRACTICE/PROCEDURES 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 procedures will be followed in order to protect the student and the adult administering the medication:

1. Written directions from the physician must detail the names of the drug, dosage, and the time interval medication is to be taken. Directions must be renewed annually. Authorization forms may be obtained in the building office or on the South Lyon Community Schools web-site.
2. Written permission from the parent/guardian requesting that the school district comply with the physician's order must be submitted with the physician's written directions. An appropriate form is available in the building office or on the South Lyon Community Schools web-site.
3. MEDICATION MUST BE BROUGHT TO THE SCHOOL IN THE ORIGINAL CONTAINER LABELED BY THE PHARMACY OR PHYSICIAN.
4. No more than a forty-day supply of medication should be received from home. This will be stored in a locked cabinet and dispensed under the supervision of building personnel.
5. No medication will be kept for more than one school year. At the end of the school year, if the medication is not picked up by a parent/guardian, it will be destroyed.
6. If an elementary aged student requires administration of a non-prescription medication (i.e. aspirin, Tylenol, etc), a parent/guardian must submit written directions from a doctor (including name of medication, dosage, and time interval) AND permission to administer. Appropriate forms are available in the building office. Forms must be renewed annually. MEDICATION MUST BE BROUGHT TO THE SCHOOL BY PARENTS.
7. 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 giving student permission to self-administer. Authorization must include name of medication, dosage, and time interval.
8. If a high school aged student requires administration of a non-prescription medication (i.e. aspirin, Tylenol, etc), no written authorization is required.
9. A written record of the administration of medication will be maintained in the building office.