



AUTHORIZATION TO ADMINISTER MEDICATION

Dear Parent/Guardian:

Before any medication can be administered to any student during school hours, the Board shall require written approval from the child's physician accompanied by the written authorization of the parent. This document shall be kept on file in the administrative offices. No student is allowed to provide or sell any type of over-the-counter medication to another student. Violations of this rule will be considered violations of Policy 5530 - Drug Prevention and of the Student Discipline Code/Code of Conduct.

It is the policy of Lake Orion Community Schools to cooperate with parents and the family doctor when prescribed medication needs to be taken during the school day. All information will be kept confidential. School personnel will administer prescribed medication based on the following criteria:

- This signed authorization form must be on file in the school office.
- Prescribed medications must be brought to school by an adult in a container labeled by the pharmacy or doctor with explicit directions.
- Non-prescription and prescribed medications can only be administered by school personnel with a written order from a doctor.
- If medication has not been prescribed by a doctor, a parent may come to school to administer.
- Medications are kept locked in the school office.

Thank you for your cooperation. If you have any questions, please contact the school.

STUDENT NAME		BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
GRADE	TEACHER(S) (Elementary)		STORAGE REQUIREMENTS	
MEDICATION	DOSAGE	TIME OF DAY	DATE From: _____ To: _____	
PURPOSE OF MEDICATION		PROCEDURE FOR DISPENSING		
POSSIBLE REACTION(S)				
DIRECTIONS FOR HANDLING REACTION(S)				
PRESCRIBING PHYSICIAN'S NAME		ADDRESS	PHONE ()	
PHYSICIAN'S SIGNATURE			DATE	

I, _____, hereby grant permission for a school administrator or his/her designee to administer medication to my child, _____, at school or while being transported to or from school. Administration of the medication shall comply with the instructions of the child's physician, which I have provided above.

Time being of the essence, in an emergency, should my child require immediate attention when only one designated adult employee is present, that adult may administer the medication in good faith without the presence of another adult. In such an event, neither the employee nor Lake Orion Community Schools shall be liable in a criminal action or for civil damages as a result of the administration except for an act or omission amounting to gross negligence or willful and wanton misconduct.

Parent/Guardian Signature

Date



AUTHORIZATION FOR POSSESSION AND USE OF ASTHMA INHALERS OR PRESCRIBED EMERGENCY MEDICATION

This form must be provided to the principal assigned to the building of student attendance.
Appropriate school staff should be notified.

Student's Name		DATE
Address		
Authorization is hereby given for the student named above to: <ul style="list-style-type: none"> <input type="checkbox"/> receive the prescribed medication indicated from the designated school personnel <input type="checkbox"/> self-administer the prescribed medication as permitted by law 		
Medication Name		Dosage
Date the administration is to begin	Date the administration is to cease	
Possible adverse reactions to this medication		
Adverse reactions for unauthorized user		
Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack		
Other special instructions		

Physician and parent/guardian names, signature, and emergency phone numbers are required.

Prescribing Physician's Name		Phone ()	
Physician's Signature		Date	
Parent/Guardian Name		Parent/Guardian Signature	Date
Home Phone ()	Work Phone ()	Other Phone ()	
Form received by (Principal's Signature)			Date

LAKE ORION COMMUNITY SCHOOLS

Student Name _____ Form C

Parent/guardian Permission for Over-The-counter (OTC) Medication

Only one medication per form

Name _____ Grade _____

School _____ Teacher _____

Age _____ Date of Birth _____ Weight (if required for dose) _____

Medication name _____ Exact Dose _____

Condition for use (such as headache) _____

YES NO Medication to be taken with food?

Other directions _____

YES NO My child may determine when this OTC medication is needed.

YES NO My child would know to wait 4-6 hours before requesting this OTC if taken at home before school.

If answering "NO" to either question above, staff will call you before dispensing.

YES NO Parent/Guardian to be notified with every use of this medication.

YES NO My child will possess the medication on his person. ***(grades 6-12 only)***

Other times to call or special instructions:

OTC medication without a doctor's written permission will have limited use at school.

SEE PAGE 2 FOR RULES

A licensed prescriber can order OTC medication on **FORM A** for prescribed medication if you want an OTC medication given more frequently or on a regular schedule. You also have the option to come to school and give your child medication as desired.

Parental Permission

I have read the guidelines on page two of this form for the administration of over-the counter medication at school. I give my permission for the above named medication (supplied by me) to be given by school staff as directed on this form.

Parent/Guardian signature _____ Date _____

Phone number _____ Alternate phone number _____

Student Name _____

Guidelines for parents and school staff regarding over-the-counter (OTC) medication at school without an order from a physician/licensed prescriber:

- All medication must be **in the original container** and an unopened container is recommended.
- **Write the exact dose** (amount of medication to be given, not a range) on page one of this form.
- **Write your child's name on the medicine bottle** or packaging without covering the label.
- **Only one medication per form**. You will need a separate form for every OTC medication.
- **Write exact name of the medication** to be given on page one of this form.
- **Write the condition for use** (such as, headache or menstrual cramps.)
- **Aspirin will not be given** to students without a doctor's order on "FORM A" due to its association with Reye's Syndrome.
- **Stomach pain will not be treated** with acetaminophen, ibuprofen or naproxen without a medical order on "FORM A" due to lack of indication. Menstrual cramps are not considered stomach pain.
- **No OTC medication will be given frequently or for a prolonged period.** If your child is experiencing the need for frequent or regular administration of this OTC medication at school, you will be notified. To continue giving this OTC a physician or licensed prescriber's order will be required. This is to help insure that a serious condition is not being ignored or a more appropriate treatment is not being overlooked.
- **If your child is sick** it is not appropriate to treat the symptoms at school. Medication may help symptoms briefly or reduce a fever, but he or she **is still contagious** and should go home.
- **Cough drops** are more like candy than medicine and have the potential to be a choking hazard. If your child's cough has become an issue, a medical professional should be consulted.
- **OTC Benadryl or other antihistamines** ordered for a **potentially life threatening allergy** (anaphylaxis) must be ordered as part of the **Severe Allergy Medical Action Plan (MAP) and signed by the physician.**
- OTC Benadryl or other antihistamines for **mild food allergies** must be ordered by a licensed prescriber and can be done on **FORM A** without completing a MAP for severe allergy.
- **Parent/guardian may order OTC antihistamines only** for **mild allergies** that are **not caused by food**, such as hay fever.
- **For the purpose of this form,** Over the Counter (OTC) medication includes vitamins and homeopathic remedies.

NOTE:

- The reverse side of this form must be completed and signed by a parent/guardian.
- The very first dose of this medication type may not be given at school since it is not known how your child may react to the medicine.
- Unused medication may be picked up by a parent/guardian anytime before the end of the school year. Medication remaining after the last day of school will be properly discarded.

Parents/guardians have the right to come to school and give medication to their child without an order from on file, however, all sick children should be kept home to help protect others.

If you have questions regarding the guidelines above, please feel free to contact the school.