

NORTH HURON SCHOOL
PARENT MEDICATION ADMINISTRATION GUIDELINES

1. A written "Authorization for Medication" order must be completed and signed by the student's physician and a parent/guardian ***before any medication (prescription or over the counter/OTC)*** can be given in school. No "notes" or verbal requests from parents/guardians.
2. Medication (including over the counter – OTC) must be **in the original container and labeled with:**
 - **Student's Name**
 - **Date**
 - **Physicians Name**
 - **Medication Name**
 - **Dosage Amount**
 - **Directions of Administration**
 - **No plastic baggies or envelopes!**
 - **Most pharmacies will be happy to provide you with duplicate containers if needed**
3. **The first dose of any new medication must be given at home.**
4. The school will make no changes in the dosing of medication without a new written authorization by the healthcare provider. Requests from parent or guardian to alter/change medication dosage or time given will not be accepted. A parent/guardian can come to school and provide an altered dose to their child, but school staff will not do so without written permission from the student's healthcare provider.
5. No over the counter (OTC) medications can be given without written authorization by a healthcare provider and parent/guardian (this includes cough drops, Tylenol, creams, ointments, etc.).
6. Sufficient supply should be sent to the school to insure enough medicine to last for the prescribed length of time. Send at least one week's supply if possible. We discourage the daily carrying of medication for obvious safety reasons.
7. If your child is carrying an inhaler with his/her physician's approval, it is recommended that a second inhaler be kept in the school office.
8. Within one week after expiration of the effective date on the physician order, the parent or guardian must personally collect any unused portion of the medication. Any unclaimed and unused medication will be destroyed.
9. You or with written permission a person on your student(s) emergency contact list may come to school to administer medication to your child if you so desire. The school will not be responsible for any medication that has not been prescribed by a physician.
10. All controlled substance medications must be counted and recorded upon receipt of form and in the presences of the parent/guardian.
 - This includes opiates, depressants, stimulants, and hallucinogens
 - "Behavior medications" such as Ritalin and Concerta
 - Pain medication such as Tylenol #3 (containing codeine)

North Huron Schools Authorization for Prescription & Non-Prescription Medication

Ideally all medication should be given at home. School district personnel are not trained health care professionals. Parents and guardians have the primary responsibility for administering their child's medications; however, the school **may** cooperate with the parents and guardians in administering medication that is authorized by physicians and parents/guardians. North Huron Schools requires written authorization for a student to take medication, including adrenaline (epinephrine) or inhalers, during the school day. This form must be completed and returned to the principal before medication may be administered. This authorization form covers the medication described below and is valid only for the current school year. All medication must be delivered to school by a parent or adult designated by the parent/guardian; delivered in the original container with labeling with includes the name of the student, physician, medication and prescription.

M.C.L.A. § 380.1178 states, "A school administrator, teacher or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult pursuant to written permission of the pupil's parent or guardian and in compliance with the instructions of the physician, is not liable in criminal action or for civil damage as a result of administration except for an act or omission amounting to gross negligence or willful and wanton misconduct."

Epi-Pen/Inhalers: may be kept in the possession of the student if the parent/guardian and physician so indicate on this form. However, the parent/guardian is strongly encouraged to provide a second inhaler or epi-pen to be stored in the school office.

This section to be completed by the student's parent or legal guardian.

Student's Name: _____ Grade: _____ Date of Birth: _____ School Year: _____

Parent/Legal Guardian Name(s): _____

If an epi-pen or inhaler is prescribed, I authorize the epi-pen or inhaler to be carried by my child: Yes No

This section is to be completed by the student's physician.

Name of medication: _____ Dose: _____ Form/Route: _____

For Period: _____ To: _____ Time to be given: _____

Reason for Medication (diagnosis and anticipated side effects): _____

Possible Symptoms: _____

Possible Reactions: _____

Circumstances under which no medication is to be given: _____

If an epi-pen or inhaler is prescribed, I authorize the epi-pen or inhaler to be carried by the student: Yes No

Additional Comments: _____

Physicians Signature: _____ Physicians Printed Name: _____ Date: _____

Physicians Phone: _____ Physicians Address: _____

I give my permission and authorization for this medication to be administered as prescribed above and for doing so, I hereby release from liability and agree to indemnify any personnel or volunteers of the school district for any action or inactions associated with the administration of medication to the above student.

Parent/Legal Guardian Signature: _____ Date: _____

Phone Number /Cell: _____ Work: _____ Home: _____

Discontinuation of Medication

At the time this medication is to be discontinued, the parents or guardian must sign and date this form and return to the school office. Please discontinue dispensing the medication described above for: _____ as of _____

Parent/Legal Guardian Signature: _____ Date: _____