

Authorization for Administration of Medication at School

Student Name: _____ Birth Date: _____

School: Genesee School Teacher: _____ Grade: _____

This section to be completed by the Physician				
Name of Medication	Medical Condition	Dosage	Method of Administration	Time of Day to be Taken

Possible side effects of medication: _____

Emergency procedure in case of serious side effects:

I request and authorize that the above-named student be administered the above identified medication in accordance with the instructions indicated above for the period commencing with the ___ day of _____, 20__ through the last day of school 20__, as there exists a valid reason which makes administration of the medication advisable during school hours.

Licensed Health Care Provider Signature Date

Printed name Telephone Number

This section to be completed by the Parent/Guardian
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I request/authorize the school to administer the above identified medication to the above identified student in accordance with the doctor's instructions. I understand that every effort will be made by school staff to administer the medication in a timely manner. I will provide the medication in the original, properly labeled container.

I have read and understand the Genesee School Rule 470.9 (printed on the back of this sheet)

Parent/Guardian Signature _____ Date: _____

Policy Title: HEALTH AND WELFARE	Date Revised 08/11/2008
Administering Medications	Code No. 470.9

If the parent/guardian wants the school to administer medication during the school day, the following guidelines shall be followed:

Prescription Medications

The parent/guardian must submit a written request to the school if the school is being asked to administer medication.

The medication must be in its original container.

The student's name, prescription number, doctor, and directions must be clearly set forth on the container.

Non-prescription (over the counter) Medications

The parent/guardian must request in writing to the school that non-prescription medication be given during school hours. Specific directions for administering the medication and the parent/guardian's signature must be received before any medication will be given to the student.

The medication must be in the original container and the student's name and directions for administering the medication must be written on the container.

Recommended dosage will not be exceeded without a physician's orders.

Additional Guidelines

All medications, *see exception below*, shall be kept in a secured area in the school office.

It is the student's responsibility to come to the office at the appropriate time to take his/her medication, unless the student has a disability in which the IEP/504 team has determined makes the student unable to do so.

No medication, prescription or non-prescription, shall be dispensed by a teacher, secretary or other personnel to a student without written permission.

Any medication which a student must have in case of emergency will be kept in a secure and easily accessible location.

Medical Inhalers or Epinephrine Auto-Injectors

Nothing in this policy will prevent the self-administration of medication administered by way of a metered-dose inhaler by a pupil for asthma or other potentially life-threatening respiratory illness or by way of an epinephrine auto-injector for severe allergic reaction (anaphylaxis). A student who is permitted to self-administer asthma medication or epinephrine shall be permitted to possess and use a prescribed inhaler or auto-injector at all times.