

2009-10
Pontiac Community Consolidated School District 429
Request for Administration of
Prescription and Non-Prescription Medication

TO THE LICENSED PRESCRIBER:

When it is necessary for a student to receive medication according to the procedure on the reverse side of this order/request, the following information must be provided:

Student's Name _____

Name of Medication _____

Dosage/Route _____ Time to be Administered at School _____

Start Date _____ Stop Date _____

Student's Date of Birth _____ Student's Grade _____

Diagnosis/Reason of Medication _____

Desired Benefits of Medication _____

Possible Side Effects of Medication _____

Other Medications Student is Receiving _____

Physician's Name(Print or Stamp) _____

Physician's Signature _____

Telephone _____ Date _____

Licensed Prescriber is to complete this portion only for consent to carry/self-administer an inhaler or epipen.

Due to medical necessity _____ may carry his/her inhaler or epipen on their person during school hours. This student has the ability and knowledge to correctly self-administer this medication. (S)he understands the need for the medication and the necessity to report any unusual side effects and/or non-relief of symptoms to school personnel. In the case of an allergic reaction, the student has been instructed to report any reaction/use of epipen to school personnel for further evaluation.

Physician's signature _____ Date _____

To Parent or Guardian:

I give permission for _____ to receive the medication as prescribed above. I agree to the terms of the procedure as stated on the reverse side of this request. It is understood that in instances where the student self-administers medication, Pontiac District 429, the principal or designee shall not in any way be responsible that said student administers the proper medication dosage. Parents and/or legal guardians agree to save and hold harmless, completely release and excuse Pontiac District 429 and its employees and agents of any liability or obligation of any nature in any way related to the District's Medication Policy and Procedure.

I give ____ do not give ____ permission for a District 429 certified designee (administrator or nurse) to clarify the above medication information with the ordering physician, and/or to obtain (via fax or mail) the physician's signature for the above medication.

Parent or Guardian Signature _____ Date _____

Address _____ Phone _____

We are required by federal and state law to maintain the privacy of your protected health information. We are also required by law to provide you with this notice of our legal duties and privacy practices. In addition, the law requires us to ask you to sign an acknowledgement that you received this notice.

**PROCEDURE
ADMINISTRATION OF MEDICATION
BY CERTIFIED SCHOOL PERSONNEL**

If a student must receive prescription or non-prescription medication at school, a written request completed by both the licensed prescriber (physician, dentist or podiatrist) and the parent or guardian must be on file at the school. The appropriate form is available at each school office and in the offices of all licensed prescribers and emergency rooms in Livingston County.

The medication will be administered by the school nurse, the principal or other designated certified personnel.

*All prescription medication must be in the original container **labeled** by the pharmacist or licensed prescriber. This includes eye drops, ear drops, ointments, and inhalers. The label must include:*

*Name of Student
Name of Medication
Dosage
Time to be Taken
Prescriber's Name
Date*

Non-prescription medication must be in the original labeled container with the student's name affixed to the container.

No medication, prescription or non-prescription, will be administered until both the licensed prescriber request and the parent/guardian request is on file in the office.

No medication will be provided by the school.

Unless ordered for a short term, all requests for administration of medication will expire at the end of the school year. If the parent/guardian does not pick up any unused medication, the principal or designee shall dispose of the medication in the presence of a witness and both shall document that act.