

ADMINISTRATION OF MEDICATION FORM

Hamilton Community Schools

Bentheim El. FAX: 269-751-7537, Blue Star El. FAX: 269-751-2901, Hamilton El. FAX: 269-751-7554, Sandyview El. FAX: 269-751-5089

Hamilton Middle FAX: 269-751-8560, Hamilton High FAX: 269-751-7670

Medications (both prescription and over-the-counter) may be administered at school by school personnel when necessary for school attendance. This completed form along with the medication and/or special equipment items are to be brought to the school by the parent/guardian.

The prescription medication should be brought to school in the original container appropriately labeled by the pharmacy. Parents may request that the pharmacist dispense **two** bottles of medication, one for home and one for school. The non-prescription medication should be brought to school in the original unopened bottle. **No medication will be accepted in a plastic baggy.** Any medication left at school after June 30 will be disposed of.

Medication means: "any prescription or over-the-counter medication. This includes, but is not limited to: vitamins and food supplements; eye, ear and nose drops; inhalants; medicated ointments or lotions; aspirins; cough drops; antacids."

Student: _____ Birthdate: _____ School Year: _____

School: _____ Teacher: _____ Grade: _____

Parent/Guardian Name: _____ Phone Number: _____

Doctor's Name: _____ Dr. Phone Number: _____

Doctor's Address: _____

I, _____ of
Parent/Guardian Name Relationship

_____, do hereby request that the building administrator or his/her designee,

Student

administer the (prescribed) medication listed below or procedure (listed below) as directed. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Signature of Parent/Guardian: _____ Date: _____

To be completed by the Physician:

Reason/Condition for medication: _____

Name of Medication: _____

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

Dosage: _____ Time **during** school: _____

Restrictions / and or side effects: ☐ none anticipated ☐ Yes

Please describe: _____

Storage requirements: ☐ none ☐ refrigerator ☐ other

This student may transport his/her medication to school as needed: ☐ Yes ☐ No

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

**Additional information: ☐ attached ☐ on back of form

Physician's name printed Physician's signature

Physician's Address: _____

Phone: _____ Fax: _____ Date: _____

This also authorizes an exchange of information, as necessary, between the school and my child's health provider.

A copy of this form will be kept in the student's CA-60 and office and will be renewed annually or whenever the prescription changes within the school year. 2008/09

Administration of Medications to Pupils in School

The following definition of “medication” is adopted for use in the Hamilton Community Schools: medication (includes prescription, non-prescription and herbal medications) taken by mouth, inhaler, those that are injectable, and those applied as drops to eyes, nose, or medications applied to the skin.

- The child's parent/guardian will need to get a permission form from the school office. The form will need to be filled out by the child's physician and also signed by a parent/guardian. The form will be kept on record by the school.
- The permission form will need to be renewed each school year.
- No changes to medication dosage or time of administration will be made except by instruction from a physician.
- Medications must be brought to school by the pupil's parent/guardian.
- The building administrator will designate an individual(s) responsible for administering medications to pupils at school.
- Each building will have a plan for handling medical emergencies.
- Any adverse reaction to medication, as described on the physician's written form, will be reported to the pupil's parent/guardian immediately.
- Any errors made in the administration of medications shall be reported to the building administrator immediately and written into the pupil's school record. The building administrator is responsible for reporting the medication error to the pupil's parent/guardian immediately.
- When it is necessary for a pupil to have medication administered while on a school-sponsored field trip or off-site activity, the individual designated to administer medication must carry the medication in the original container, and record the necessary information on the medication log upon return from the trip/activity.
- Students with disabilities who have an Individualized Educational Program (IEP) or Section 504 Plan shall be included under the policy and procedures that govern the administration of medications. Note: The policy and procedures should not violate either the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act.

Self-Administration/Self-Possession of Medications

The following definition of “self-administration/self-possession” is adopted for use in Hamilton Community Schools: Self-administration means that the pupil is able to consume or apply prescription and non-prescription medication in the manner directed by the physician without additional assistance or direction. Self-possession means that the pupil may carry medication on his/her person to allow for immediate and self-determined administration.

- A pupil whose parent/guardian and physician provide written permission will be able to self-administer and self-possess his/her own medications.
- A medication that a pupil possesses must be labeled and prepared by pharmacy or pharmaceutical company and include the dosage and frequency of administration.
- A pupil's use cannot be denied if the conditions of written permission and physician direction are met. A building administrator may discontinue a pupil's right to self-administer and self-possession if there is misuse by the pupil. The denial shall follow a consultation with the parent/guardian.
- A pupil who requires the use of an inhaler for relief or prevention of asthma symptoms will be allowed to carry and use the inhaler if there is written approval from the pupil's physician and parent/guardian on record at the school (as described in the Michigan Revised School Code, Section 380.1179). A pupil who is in possession of an inhaler under the above conditions shall have each of his/her teachers notified of this by the building administrator.