

# Monroe Public Schools Medication Authorization

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Parent's Address: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Attending Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_  
Physician's Address (include City) \_\_\_\_\_

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**To be completed by the physician**

Name of Medication \_\_\_\_\_  
Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
Time of Administration \_\_\_\_\_  
Anticipated Duration **start date** \_\_\_\_\_  
**stop date** \_\_\_\_\_  
Purpose of Medication \_\_\_\_\_  
Possible Side Effects \_\_\_\_\_

**Student may carry INHALER:**

\_\_\_\_ No \_\_\_\_ Yes

**Student may carry EPIPEN:**

\_\_\_\_ No \_\_\_\_ Yes

**Students that carry inhalers and EpiPens may not be supervised during administration.**

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby request that my child be administered his/her prescribed medication at school by the school personnel authorized by the principal. I understand that the medication will be administered exactly as per the instructions of my above named physician. I will notify the school of changes or discontinuation of this medication(s). I further agree that you may contact the physician who prescribed the medication and I hereby authorize him to release to the school nurse any and all information concerning my child's condition and/or treatment.

Unused medication may be returned to my child (such as Tylenol, inhalers, EpiPens, etc.) \_\_\_\_ YES \_\_\_\_ NO  
(controlled substances such as Ritalin, Adderall, Concerta, etc. must be picked up by parents.)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR SCHOOL USE ONLY:** This form MUST be kept with medication until discontinued or until the end of the school year and then filed in the cumulative record.

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Monroe Public Schools

Dear Parent:

Please return the Medication Authorization form **on the back of this letter** to the school with your child's medication.

We also ask that you follow these instructions when sending medication of any kind to the school for administration.

1. Medication must be in the original pharmacy container, properly labeled and include:

Student's Name  
Date  
Physician's Name  
Medication Name  
Dosage Amount  
Directions of Administration

\*Most pharmacies will be glad to provide you with duplicate containers if you request them.

2. 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.
3. 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.
4. An adult should bring medication to the school office.
5. Unused medication will be discarded unless picked up by parents at the end of the school year.
6. You 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.

We wish to aid you with any problems your child may have, but also take precautions against possibility of drug misuse and unsafe conditions.

Additional medication forms can be obtained from the Monroe Public Schools website [www.monroe.k12.mi.us](http://www.monroe.k12.mi.us).

Please contact the school nurse or me immediately if you have any questions concerning the medication policy and procedures.

Thank you,

Principal

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\*\*Confidential\*\*