



Monroe Public Schools

1275 N. Macomb St., Monroe, MI 48162 · (734) 265.3000

Dear Parent/Guardian:

Please return the Medication Administration Authorization form on the back of this letter to the school with your child's medication. This form must be completed fully in order for schools to administer the required medication. We ask that you follow these instructions when sending medications of any kind to the school for administration.

1. Medications must be in the original pharmacy container, properly labeled and include:
Student's Name, Date, Physician's Name, Medication Name, Dosage, and Directions of Administration.
*Most pharmacies will gladly provide duplicate containers if requested.
*Non-prescription medication must be in the original container with the label intact.
2. Sufficient supply should be sent to the school to ensure enough medication to last for the prescribed length of time. Send at least one week's supply if possible. We discourage 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 medical office.
4. An adult must bring the medication to the school office.
5. Unused medication will be discarded unless picked up by parents/guardians at the end of the school year.
6. You may come to the school to administer medication to your child if you so desire. The school will not be responsible for any medications that has not been prescribed by a physician.
7. A new form must be completed at the beginning of the school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

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

Additional forms can be obtained from the Monroe Public Schools website 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

NOTICE OF NONDISCRIMINATION: It is the policy of Monroe Public Schools not to discriminate on the basis of race, color, national origin, gender, age, disability, religion, height, weight or marital status in its programs, services, employment, or any other activities. For information contact the office of the Superintendent of Schools, 1275 N. Macomb St., Monroe, MI 48162, 734-265-3070.

Medication Administration Authorization

Student's Name: _____ Grade: _____ Teacher: _____

Parent's Address: _____ Parent's Phone: _____

City/Zip: _____

Attending Physician: _____ Physician's Phone: _____

Physician's Address (include City): _____

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 designated school personnel to administer the medication as prescribed by the above prescriber. This includes students who self-carry but are unable to administer the medication in the case of an emergency. I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I have read the attached letter to parents/guardians, and I authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature _____ Date _____

For School Use Only: This form is confidential and MUST be kept with the medication until discontinued or until the end of the school year and then filled in the cumulative record.

Principal's Signature: _____ Date: _____

School Nurse's Signature: _____ Date: _____