This information expires on June 30, 20__

Lowell Area Schools
Murray Lake Elementary
3275 Alden Nash NE
Lowell, MI 49331
Phone: (616) 987-2750 or Fax: (616) 987-2761

Office staff initials _____
Date: _____

MEDICATION/TREATMENT CONSENT FOR SELF-ADMINISTRATION

STUDENT NAME _____ **BIRTHDATE** _____
GRADE _____

DIAGNOSIS/CONDITION _____ **PHYSICIAN** _____

Parents are urged to give medication at home and on a schedule other than school hours. PLEASE NOTE: "Medication" refers to any prescription and/or non-prescription. If it is necessary that a medication be given during school hours, the following regulations must be followed:

1. State law requires that written permission be given to the school before medication administration can begin. The Medication/Treatment consent form must be completed and signed by the parent/guardian along with the physician or other licensed provider if the medication is a prescription. **The Medication/Treatment consent form must also be completed and signed by the parent/guardian along with the physician or other licensed provider if the medication is a prescribed non-prescription.** Examples of non-prescription medications are. cough drops, Tylenol®, Midol®, antacids, allergy medications, nasal sprays, eye drops, etc. This form must be completed whenever there is a medication change, change in dosage, or frequency.
2. Self-administration **provisions are available for inhalers and EPI-pen, only**. Inhalers and Epi-pen must have student name taped to the canister.
3. All medication, prescription and non-prescription, must be brought to school in the original pharmacy container only with a current label showing the name of the student, medication, dosage strength, and time to be given. The medications must be kept in the office and administered in the office.
4. In all cases it is expected that the parent/guardian has confirmed the appropriateness of the medication and instructions with a licensed physician.
5. Any misuse of medication by a student that violates Lowell Area Schools School Policy will result in revocation of self-administration privileges.

Medication	Dosage/Route	Time	Start/stop date

(Parents/guardians must pick up all unused medications either at the end of each school year or if the student leaves the district, or the district will properly dispose of the medications)

Special situation/possible side effects: _____

_____

AUTHORIZATION SIGNATURES

The following signatures serve as written authorization for health treatment and/or medications as directed at school. Authorization includes permission for school personnel and health care provider to contact each other if needed permission to administer.

Physician: Print Name	Physician's Signature	Date	Phone #	Fax #

(If this is a prescription medication or prescribed non-prescription medication)

Parent: Print Name	Parent's Signature	Date	Phone #	Cell Phone #

(Student Signature on back)

Rev. 1-08

Student Name: _____

To be completed by student:

I agree to:

1. Never share my medication with another person
2. Carry the medication in its original properly labeled prescriptive/over-the-counter container
3. Take medication only at the prescribed time/frequency and dose
4. Carry a copy of this form with me and present it to school staff if asked.

I am knowledgeable regarding the dose, desired effects, side effects, administration, etc. of the medication(s). I understand if I do not comply with this agreement that the medication will be confiscated and returned to my parents/guardian, and the privilege(s) of self-administration/self-possession denied.

_____ _____

Signature Date

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Board Policy:

8670 Administration of Medications (Cf. 2780) 8670

This policy is intended to cover all students. It includes students with disabilities who have an Individualized Educational Program (IEP) or Section 504 Plan. The following definition of "medication" is adopted for use in this District: "Medication" includes prescription, non-prescription and herbal medications, and includes those taken by mouth, by inhaler, those that are injectable, and those applied as drops to eyes, nose, or medications applied to the skin.

Whenever possible, medications for students should be administered by parents/guardians at home. As a service to the family, the Superintendent shall establish procedures for the administration of medication by school personnel in circumstances where such administration is deemed necessary for the student's well being by the student's parent/guardian or physician. The procedures established by the Superintendent shall be in compliance with the Michigan Department of Education Guidelines.

Amended: 3/10/03