5330 F1

REQUEST FOR ADMINISTRATION OF MEDICATION

As required by Mattawan Consolidated School Board Policy 5330, Use of Medications, I hereby request that employees of Mattawan Consolidated School administer medication per the information below:

Student's Name: _____ Date of Birth: ____/____/____ Grade: _____

Condition for which drug is being administered: _____

Name and Generic Name of Drug: _____ Dose: _____ Route: _____

Time of Administration: ☐ Lunchtime ☐ Other, specify: _____ If PRN, frequency: _____

Relevant side effects: ☐ None expected ☐ Specify: _____

ALLERGIES: ☐ No ☐ Yes, specify: _____

Medication shall be administered from: ____/____/____ to ____/____/____ (dates)

Physician's Name/Title (type or print): _____

Telephone: ( ) _____ Fax: ( ) _____

Address: _____ City: _____ State: _____

Physician's Signature: _____ Date: ____/____/____

Authorized School Personnel Signature: _____ Date: ____/____/____

PARENT/GUARDIAN AUTHORIZATION

I hereby request that the above ordered medication be administered by school personnel, and I give permission for the exchange of information between the physician and school personnel necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of the medication. I understand that this medication will be destroyed if not picked up within one week following the termination of the order, or the last day of school, whichever comes first.

Parent/Guardian Signature: _____ Date: ____/____/____

Home Phone #: ( ) _____ Cell #: ( ) _____ Work #: ( ) _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Students may self-administer medication such as inhalers for asthma, cartridge injectors for medically-diagnosed allergies, and insulin for diabetes. Some school policies (High School) also allow students to carry non-prescription medication such as non-narcotic analgesics for pain or cramps, antacid tablets, and prescription medications such as antibiotics for self-administration with the written authorization of an authorized physician and written authorization from a student's parent/guardian or eligible student.

Physician's authorization for self-administration: ☐ Yes ☐ No _____ Signature _____ Date

Parent/Guardian authorization for self-administration: ☐ Yes ☐ No _____ Signature _____ Date

School Personnel approval for self-administration: ☐ Yes ☐ No _____ Signature _____ Date

Revised 09/2018

Revised School Code (except) Act 451 of 1976, 380.1178 requires a written medication order by a physician and parent/guardian written authorization for designated individuals to administer medication to pupils at school. Medications must be in original properly labeled containers and dispensed by a physician/pharmacist.