

## Bay City Public Schools Self-Administered Medication Authorization Form (Med-3)

According to P.A. 187 of 2013, a student may possess and use at school a metered dose inhaler or a dry powder inhaler for the relief of asthma symptoms. A student may also possess an epinephrine auto-injector or epinephrine inhaler to treat anaphylaxis. Self-administration means that the student can administer the inhaler in a manner directed by the physician without additional direction or supervision by school staff. Self-possession means that under the direction of the physician, the student may carry medication on her/his person to allow for immediate and self-determined administration. Spare inhaler medication, with prescription label, may be kept in the office in case the student runs out/forgets the medication. The building administrator may discontinue the student's self-administration privilege upon advanced notice to the parent/guardian.

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Teacher/Counselor \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

**To be completed by physician/licensed prescriber:**

	<u>Medication</u> (with prescription label)	<u>Dose</u>	<u>Time To be Given</u>	<u>Form/Route</u>	<u>Possible Side Effects</u>	<u>Adverse Reactions</u>
1						
2						

List symptoms/conditions under which medication ordered as needed (**p.r.n.**) is to be given: \_\_\_\_\_  
\_\_\_\_\_

Special Instructions: \_\_\_\_\_

If **p.r.n.**, MINIMUM amount of time between doses: \_\_\_\_\_

Start date: \_\_\_\_\_ Stop date: \_\_\_\_\_

The student is capable of: \_\_\_\_\_ self-administering \_\_\_\_\_ self-possessing the above medication(s).

Physician's Printed Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_ Physician's Fax #: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Physician's Address \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by parent/guardian:**

I request and give permission for (name of child) \_\_\_\_\_ to \_\_\_ self-administer and \_\_\_ self-possess the above medication(s) at school according to standard school district policy and for the physician's staff and school personnel to share relevant information regarding my child's medication needs.

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

**Student Name:** \_\_\_\_\_

**To be completed by student and parent/guardian**

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.

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.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

ParentGuardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

# BAY CITY PUBLIC SCHOOLS

## PARENT GUIDELINES FOR THE ADMINISTRATION OF MEDICATION AT SCHOOL

Whenever possible, medication should be scheduled outside of the school day. If it is necessary for a child to receive medication during the school day, the parent/guardian may come to school to give the medication(s), it may be administered by school personnel, and in limited circumstances (inhalers and insulin), a physician and parent may approve a student for self-medication/self-possession. Whether school personnel administer medication, or students self-possess and administer their own medication, it must be in accordance with Federal and State laws as well as the Bay City Public Schools Board Policy (J7770). Please read below for specifics.

### School Administered Medication Guidelines

- Parent/guardian must complete the appropriate medication authorization form at the school office BEFORE medication can be given at school.

**Med-1 Form** – Prescription Medication Authorization Form.

Completed and signed by parent. Physician signature not required.

**Med-2 Form** – Over-The-Counter Medication Authorization Form.

Completed by parent and physician. Parent AND Physician signature required.

- All school-administered medication must be delivered to the school office by a parent or adult designee. **Students will not be allowed to transport medication (including prescribed and over the counter medication) to and from school** unless student has been approved for self-medication. (Please see reverse side for details on self-administration of medication.)
- ALL medication must be brought to school in a current, properly labeled, original container.
- ALL medication will remain at school until it is picked up by the parent or adult designee. Parent will be notified to pick up medication no longer needed. If not picked up in a timely manner, it will be disposed of by school personnel.
- Medication must be provided in exact dosage. Bay City Public Schools personnel are not permitted to split or crush medication.
- Any change in medication, dosage or time to administer, will require a NEW medication form to be filled out by the parent. **A prescription change will also require a NEW prescription label and bottle/container.**

*(Please see reverse side for Self-Administered Medication Guidelines)*



## Self-Administered Medication Guidelines

If approved by a physician and their parent/guardian, a student may possess and use at school a metered dose inhaler or a dry powder inhaler for the relief of asthma symptoms. A student may also possess an epinephrine auto-injector or epinephrine inhaler to treat anaphylaxis. Students will also be allowed to manage their own diabetic care by self-monitoring blood glucose levels and self-administering insulin with physician and parent/guardian approval. At school is defined as "on school property, on school-sponsored transportation, or at any school-sponsored activity."

A student may be authorized to carry and self-administer inhaled medication, to self-monitor blood glucose levels, or self-administer insulin and epinephrine at Bay City Public Schools based on Board Policy J7770 and the following guidelines:

- Parent/guardian AND physician have determined that the student is capable and responsible to self-administer the medication and have provided instructions on the appropriate form.
- Parent/guardian AND physician have completed and signed the appropriate "Self-Administered Authorization Form":

**Med-3 Form** – completion allows students to possess and self-administer inhalers and Epi-Pens. Must be completed and signed by parent/guardian AND physician.

**Med-4 Form** – completion allows students to self-monitor blood glucose levels and self-administer insulin. Must be completed and signed by parent/guardian AND physician.

- Following completion of Med-3 or Med-4 Form by parent and physician, the building administrator will notify each of the student's classroom teachers of the specifics pertaining to the student's self-administration of medication.
- Parents of students who have been approved to self-administer medication may opt to store their medication or extra medication at school.
- The school staff will not supervise, monitor, or maintain records of self-administered medication.
- If a student misuses medication violating district policies, (such as selling or giving away medication), the privilege of self-administration/self-possession will be reassessed.
- When medications are brought in to the school, both parents/guardians and school staff must count the pills and initial the Medication Dispensation Form.