

Bay City Public Schools

Self-Administered Medication Authorization Form —Insulin and Blood Glucose Monitoring (If approved by Physician and Parent) **(Med-4)**

Students may care for their diabetes at school wherever and whenever it is necessary. Self-administration means that the student may manage their diabetes in a manner directed by the physician without additional direction or supervision of school staff. Self-possession means that under the direction of the physician, the student may carry insulin and/or equipment necessary to manage their diabetes on her/his person to allow for immediate and self-determined administration. Spare glucose monitoring equipment and insulin with prescription label, may be kept in the office in case of emergency or if the student runs out/forgets the medication.

Student Name _____ Birthdate _____ Teacher/Counselor _____ Grade _____ School Year _____

To be completed by physician/licensed prescriber:

	<u>Type of Insulin</u> (with prescription label)	<u>Dose</u>	<u>Time To be Given</u>	<u>Storage</u> ___Transported daily ___Carried by student	<u>Activity Modification</u> ___Yes _____No	<u>Scheduled Snack</u> ___Yes _____No
					___Stored at School ___Needs refrigeration	Explain: (i.e., rest, snack, etc.)
						Type:
	<u>Regular Blood Glucose Monitoring</u> (Blood Sugar Checks)	<u>Equipment Needed</u>	<u>Transported Daily</u> Yes No	<u>Stored At School</u> Carried Yes No By student		
	<u>AM Time</u> <u>PM Time</u>					
	Special Instructions:					

Signs/Symptoms of insulin reaction (low blood sugar) needing emergency care: Pallor, sweating, trembling, headachae, blurred vision, student reports “having a reaction.” In the event of an insulin reaction, the procedure routinely followed at school is to give some form of sugar such as 4 oz. of milk followed with crackers and peanut butter, 4 oz. Fruit juice or 4 oz. Non-diet soda. If student is unconscious, “911” is called. Parents are contacted for all reactions.

Other symptoms specific to this student: _____

Please list other special instructions: _____

Parent-supplied emergency items to be left at school: ()Glucose tablets ()Snacks ()Syringes ()Blood glucose meter ()Insulin ()Other _____

Other Health Concerns: _____

Start date: _____ Stop date: _____

Student is capable of: ()self -possessing diabetic management equipment/insulin ()self-monitoring blood glucose levels ()self-administering insulin wherever and whenever needed at school or on school property.

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-monitor blood glucose levels, ()self-administer diabetic insulin, and ()self-possess insulin and equipment for monitoring blood glucose levels 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.

I am knowledgeable about self-monitoring my blood glucose levels, self-administering insulin in the prescribed dose or in dosage indicated by blood glucose levels, and that I am capable of self-possessing equipment necessary to manage my diabetes condition. I also understand the desired effects, side effects, administration, etc. of the medication(s), and that if I do not comply with this agreement, the privilege of self-administration/self-possession will be reassessed.

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.