

MONROE COUNTY INTERMEDIATE SCHOOL DISTRICT

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES BY SCHOOL PERSONNEL

The Monroe County Intermediate School District requires a physician's written order and parent/guardian authorization for administration of medication.

PHYSICIAN'S ORDER

Date _____

Student's Name _____ Birthday _____

Parent's Address _____ Parent's Phone _____

City/Zip _____ Teacher _____

Condition for which medication is being administered _____

Name of Medication _____ Dosage _____

Route of Medication: Tablet/capsule Liquid Inhaler Injection Other: _____

Time of Administration: _____

Side Effects _____

Special Storage Requirements: None Refrigerate Other: _____

Length of time during which medication shall be administered: from _____ to _____
Date Date

Physician's name (print)

Physician's Signature

Address

Phone Number

Fax Number

**Authorization of Parent/Guardian Concerning the Administration of Above Medicines
By School Personnel**

I hereby request that my child be administered his/her prescribed medication at school. I understand and agree that medication will be administered by the School Nurse or personnel authorized by the School Nurse exactly as per instructions of the above named physician. I hereby waive any claim against the school district, its nurse or other employees because of the administration of the medication. I further agree that you may contact the physician who prescribed the medication and I authorize the physician to release to you any and all information concerning my child's condition, treatment, history, prognosis or any other facts in his possession concerning the student. I will notify the school of changes or discontinuation of this medication.

Date

(Signature) Parent/Guardian

GUIDELINES FOR ADMINISTRATION OF MEDICATION AT SCHOOL

1. Please return the medical authorization to the school nurses as soon as possible to enable us to administer your child's medication.
2. Medication will only be accepted **in the original container**, properly labeled to include:

Student's name	Medication
Date	Dosage amount
Physician's Name	Directions for administration

3. Please send at least two weeks' supply of medication to school. A month's supply is preferred.

The nurse tries to send empty containers home for refills a few days before the medication is needed at school

Arrangements have been made with most transportation departments, so that medication can come to school on the bus.

Medications that are controlled substances will be counted and recorded whenever a new bottle of medication comes to school.

4. Over-the-counter medications such as Tylenol, Motrin, etc., that are given on any regular basis now need not only your authorization but the physician's authorization, as well.
5. If your child goes on a field trip and requires medication you must provide the school with a properly labeled pharmacy container.

Please contact the school nurses if you have questions or concerns regarding medication policy and procedures.

Thank you,

Julie Mominee RN, BSN
School Nurse, MCISD
734-242-5799 x 2015