

ESCANABA AREA PUBLIC SCHOOLS

1500 Ludington Street
Escanaba, MI 49829
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PARENT OR LEGAL GUARDIAN REQUEST FOR ADMINISTRATION OF PRESCRIPTION MEDICATION AT SCHOOL

Under certain conditions, as a service to you and for the welfare of your child, school personnel may agree to honor parent/guardian requests for the administration of necessary prescribed medication to students.

The Board policy of the Escanaba Area Public Schools (Policy 5330) provides that administration of medication in school must be on the basis of written permission by the parent or guardian, must be done in compliance with a physician's instructions, and done in the presence of an adult.

The medication must be in the **ORIGINAL** prescription container, clearly labeled with the name of the students; name and dosage of medication; method of administration; time of day to be given; name of physician; date issued; and pharmacy name, address and phone number.

➔ **Parent, guardian, or a responsible adult must deliver all medication to the school office.** ←

(Parent must fill out this portion after reading the above instructions.)

I do hereby request and authorize prescription medication to be given to my child:

Child's Name _____ Birthdate _____

School _____ Teacher _____ Grade _____

Name of Medication _____

Dosage _____ Time to be given _____

Medication to be administered for the following period of time: _____

Special Instructions: _____

- ☆ I understand that it is the sole responsibility of my child to report to the office for his/her medication. I also understand that it is my responsibility to notify the school of change or discontinuation of the medication(s).
- ☆ I release and agree to hold the Board of Education, its officials and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.
- ☆ By law, any unused, discarded or outdated medicine must be picked up by the parent or guardian within seven (7) days of notification by school authorities, or seven days from the end of the school year, or the medication must be destroyed by school personnel.

SIGNATURE OF PARENT / LEGAL GUARDIAN _____

DATE _____ Phone (home) _____ (work) _____