



Health Conditions/ Medication at School



***If your child is new to Randolph and has a health condition, or if your current Randolph student has developed a new health condition that we are not aware of yet, please contact Mrs. Wilson at jwilson4@livoniapublicschools.org or Mrs. Wehner at awechner@livoniapublicschools.org as soon as possible before the first day of school.

Dear Families,

Please download the forms your child needs for school, based on their health conditions. New forms must be completed by you and your child's physician each year (dated after the last day of school of the previous school year). Please ensure that the forms include both your signature and your child's doctor's signature. We cannot dispense any medication without these completed forms.

***Note: A "Medication Authorization," which is included in the packets for each health condition, needs to be completed for each medication. Here's a quick link, if your child has more than one medication.

- *Medication Authorization*

Life-Threatening Food and/or Insect Allergy

- *Allergy IHCP*
- *Medication Authorization*
- *Nut & Seed Restricted Lunch Table Guidelines*
- *Lunch Table Needs Lunchroom Addendum*
- *Parent Medication Drop-Off Checklist*
- *Letter from Principal—Randolph Student Medications at School*

Asthma

- *Medication Authorization*
- *Parent Medication Drop-Off Checklist*
- *Letter from Principal—Randolph Student Medications at School*

Diabetes

- *Diabetes IHCP*
- *Medication Authorization*
- *Parent Medication Drop-Off Checklist*
- *Letter from Principal—Randolph Student Medications at School*

Seizure Disorder

- *Seizure IHCP*
- *Medication Authorization*
- *Parent Medication Drop-Off Checklist*
- *Letter from Principal—Randolph Student Medications at School*

Other

- *Medication Authorization*
- *Parent Medication Drop-Off Checklist*
- *Letter from Principal—Randolph Student Medications at School*
- *Contact Mrs. Wilson at jwilson4@livoniapublicschools.org or Mrs. Wehner at awehner@livoniapublicschools.org*

Please make sure that the forms are very specific. For example, if your doctor says the medication can be distributed "as needed," ask them to define a limit, such as "as needed up to three times in a school day."

It is our hope that all of the forms will be returned to Randolph (or Johnson for current 4th graders) on the first day of school. It is very important that we have all of this information on file in the office and distributed to the staff and teachers to keep your child safe. **Please drop off your child's completed Health Care Plan, Medication Authorization, and medication on the first day of school.**

If you have any questions or would like to set up a meeting to discuss your child's health care plan, please contact Mrs. Wilson at jwilson4@livoniapublicschools.org or Mrs. Wehner at awehner@livoniapublicschools.org (email is the best way to reach us). When school is open, you may also call the Randolph Office at (734) 744-2770 and ask for one of us.

Thank you so much for your support and have a wonderful summer!

Sincerely,

Mrs. Wilson & Mrs. Wehner
Randolph Elementary Support Teachers (ESTs)

INDIVIDUALIZED HEALTH CARE PLAN

Livonia Public Schools

Confidential

Name:	School Year:
Health Concern: SEIZURE DISORDER	
Date of Birth:	Student ID:
Case Manager:	Ext:

Click Here to Add Picture

Seizure Triggers or Warning Signs _____

Seizure Type	Length	Frequency	Description

Student's Response after a Seizure _____

~ BASIC SEIZURE FIRST AID ~



Cushion Head



Loosen Neckwear



Turn on Side



Nothing in Mouth



Don't Hold Down

Stay calm and track the time until the child is fully conscious. Record the seizure in log.

A SEIZURE IS GENERALLY CONSIDERED AN EMERGENCY WHEN:

- ⊕ Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ⊕ Student has repeated seizures without regaining consciousness
- ⊕ Student is injured or has diabetes
- ⊕ Student has a first-time seizure
- ⊕ Student has difficulties breathing
- ⊕ Student has a seizure in water

A SEIZURE EMERGENCY FOR THIS STUDENT IS DEFINED AS:

WHAT TO DO IN AN EMERGENCY:

- ⊕ Call 911 for transport
- ⊕ Notify parent or emergency contact
- ⊕ Administer emergency medication as indicated below

Emerg Med (✓)	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator? Yes No If YES, describe magnet use: _____

INDIVIDUALIZED HEALTH CARE PLAN

Livonia Public Schools

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Special Considerations & Precautions (regarding school activities, sports, trips, etc.)

Contact Information

Parent/Guardian _____
Home _____ Cell _____ Work _____

Parent/Guardian _____
Home _____ Cell _____ Work _____

Other Contact _____
Home _____ Cell _____ Work _____

Student's Doctor _____
Address _____
Phone _____ Fax _____

The following individuals have reviewed this Health Care Plan and support its implementation.

Parent / Guardian Signature Date Administrator Signature Date Doctor Signature (required) Date

Medication Authorization

Student's Name _____

Date _____

Date of Birth _____

School _____

Teacher / Counselor _____

Grade _____

Both prescription and nonprescription medications require a completed Medication Authorization form signed by a physician and parent/guardian. If medication is related to a life-threatening health condition, Livonia Public Schools staff will develop an Individualized Health Care Plan in conjunction with the student's physician.

<i>TO BE COMPLETED BY THE PHYSICIAN</i>	
Name of Medication _____	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription
Reason for Medication _____	
Form of Treatment	<input type="checkbox"/> Tablet / Capsule <input type="checkbox"/> Inhaler <input type="checkbox"/> Liquid <input type="checkbox"/> Injection <input type="checkbox"/> Nebulizer
Instructions _____	
Dosage _____	
Time of Day	<input type="checkbox"/> Daily <input type="checkbox"/> As Needed <input type="checkbox"/> Emergency Only <input type="checkbox"/> Other -
If dosage is "as needed" or "emergency only" specify symptoms and limits: _____	
Relevant Side Effects _____	
Storage Requirements	<input type="checkbox"/> None <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other -
Student is capable and responsible for self-possession and self-administering:	<input type="checkbox"/> Inhaler <input type="checkbox"/> Emergency Meds
Please indicate if you have provided additional information:	<input type="checkbox"/> On the back of this form <input type="checkbox"/> As an attachment
Physician's Name _____	Phone _____
Address _____	Fax _____
_____	_____
Physician's Signature	Date

TO BE COMPLETED BY THE PARENT / GUARDIAN

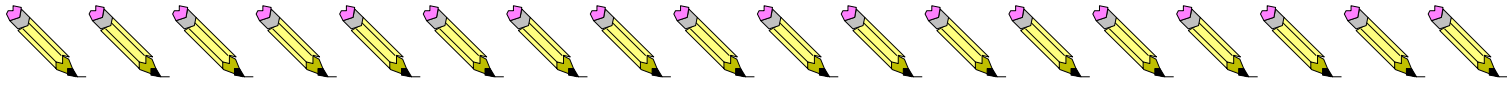
I request that _____ receive the above medication at school according to district policy.
Student's Name

be allowed to self-administer the above medication (inhaler or emergency medication) at school according to district policy.

I authorize school personnel to contact the above physician with questions or concerns relative to this authorization and medication.

 Parent / Guardian's Signature Date

- NOTES
- ① Medication includes prescription, non-prescription and herbal medications, and includes those taken by mouth, by inhaler, those that are injectable, and those applied as drops to eyes, nose, or medications applied to the skin.
 - ② Medications must be in an appropriately labeled container.
 - ③ This authorization is valid for the current school year only.
 - ④ This authorization must be maintained with the Individual Student Medication Log.
 - ⑤ It will be the student's responsibility to make contact with school personnel for the administration of medication, unless other arrangements have been made by the administrator.



Child's Name: _____

Parent's Name: _____

Parent Medication Drop Off

Please put a check on each line, once you confirm that the following information is true:

_____ 1. I have checked the expiration dates on the medication I am turning in to make sure that they will NOT expire during this school year. If that is not possible, I have marked my calendar to remind myself to bring new medication to school before the old one expires.

_____ 2. I have a Medication Authorization completed for EACH medication I am turning in to the Randolph office.

_____ 3. I have checked to make sure that the name of the medication I am giving Randolph matches the name on the Medication Authorization form (and the Health Care Plan, if the child has one). (For example, we cannot accept an EpiPen if the doctor listed Auvi-Q.)

_____ 4. There is a prescription label with my child's name on it for every prescription medication I am giving Randolph.

_____ 5. If I am giving Randolph prescription pills, I have counted to make sure that the number of pills in the bottle matches the number of pills on the prescription label typed in by the pharmacist.

_____ 6. I am giving Randolph every medication that is listed by the doctor on the Health Care Plan (if my child has a Health Care Plan).

_____ 7. I have made sure that the doctor signed every form I am giving Randolph.

_____ 8. I have signed and dated every form I am giving Randolph.

_____ 9. If my child has a nut or seed allergy, I have completed the Lunchroom Addendum.

_____ 10. If I have requested my child to sit at the Nut-Restricted & Seed-Restricted Lunch Table, I have signed the Nut-Restricted and Seed-Restricted Lunch Table Guidelines Contract.

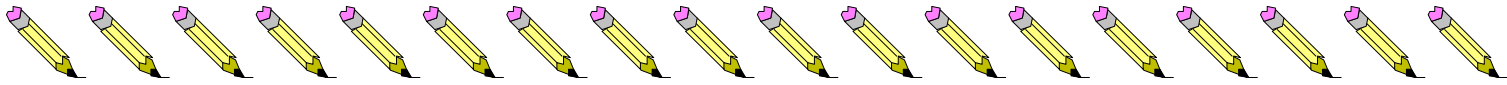
_____ 11. I have provided my email address and phone number where I can be contacted for questions.

email address: _____ phone number: _____

Please return this form to the Randolph office when you drop off your medications and your forms.

Thank you!

Parent Signature _____ Date _____





Randolph Elementary School

Livonia Public Schools
14470 Norman Street, Livonia, MI 48154



Phone: 734.774.2770

Fax: 734.744.2772

Mike Daraskavich, Principal

Dear Parents:

It is recognized that certain medications may be necessary and must be prescribed at certain times of the day. In many instances, the administration of medication can be adjusted to avoid the necessity of administration during school hours. However, there may be instances when medication must be administered to your child during school hours.

When medication is necessary during school hours:

1. It may be necessary and appropriate for a parent or guardian to administer medication to his/her child. Please contact the school office to make appropriate arrangements.
2. If school personnel will be administering medication, the accompanying Medication Authorization form must be completed by the student's physician and parent or guardian and returned to the school office before administration of medication. This authorization is valid for the current school year only.
3. It will be the student's responsibility to make contact with the designated staff member for the administration of medication unless other arrangements have been agreed to by the building principal.
4. "As needed" medication requires a physician's statement specifying dosage limits.
5. All medications to be administered at school must be in an original appropriately labeled container. (Must specify student name, medication name, frequency, and dosage to be given.)
6. Both prescription and nonprescription medications require a completed physician and parental/guardian authorization form.
7. All medications that are to be administered by school personnel must be brought to school and immediately turned in the school office. Inhalers or medication for life threatening situations may be maintained by the student or in other locations as approved by the building administrator.
8. All controlled-substance medications (defined as drugs regulated by the Federal Controlled Substances Acts, including opiates, depressants, stimulants, and hallucinogens) will be counted and recorded upon receipt with the parent/guardian.
9. Medication left over at the end of the school year, or after the student has left the district, shall be picked up by the parent/guardian. If this is not done, the individual who administers the medication will dispose of the medication and record this disposal on the medication log.
10. Individual exceptions to these procedures must be approved by the building principal.

Thank you for your cooperation. If you have any questions or concerns, please contact your building principal.

Sincerely,

Michael Daraskavich
Principal, Randolph Elementary

We Are A Leader In Me School! The 7 Habits of Randolph Leaders:

Be Proactive (You're in Charge) - - - Begin With The End In Mind (Have a Plan)
Put First Things First (Work First, Then Play) - - - Think Win-Win (Everyone Can Win)
Seek First to Understand, Then to Be Understood (Listen Before You Talk) - - - Synergize (Together Is Better)
Sharpen the Saw (Take Care of Yourself)