

Riley

Upper Elementary School

Livonia Public Schools

Cindy Scott
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Linda Minsterman
Principal
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Dear Parent:

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.
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 parent/guardian authorization form.
7. All medications that are to be administered by school personnel must be brought to school and immediately turned into 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 medication (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 the office.

Sincerely,
Cindy Scott/Linda Minsterman
Riley Upper Elementary Principals

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.

TO BE COMPLETED BY THE PHYSICIAN

Name of Medication _____ Prescription Non-Prescription

Reason for Medication _____

Form of Treatment Tablet / Capsule Inhaler Liquid Injection Nebulizer

Instructions _____

Dosage _____

Time of Day Daily As Needed Emergency Only Other -

If dosage is "as needed" or "emergency only" specify symptoms and limits: _____

Relevant Side Effects _____

Storage Requirements None Refrigerate Other -

Student is capable and responsible for self-possession and self-administering: Inhaler Emergency Meds

Please indicate if you have provided additional information: On the back of this form 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.