

# Medication Information Sheet for Parents

## Redford Union Schools

- No medication (prescription/non-prescription) or homeopathic remedies will be given without written authorization from both parent and physician
- Prescription drugs must be in the newest container and have the pharmacy label attached which shows the student's name, name of medication, strength of medication, specific directions of time and dosage to be given, physician's name and phone contact. Inhalers must be marked with the student's name.
- Non-prescription drugs or homeopathic remedies must be in the original container and labeled with the student's name, specific directions for time and dosage to be given, physicians' name and phone contact.
- A physician's written authorization is needed for emergency medication or an inhaler to be carried on the student during school hours. If permission to carry an inhaler is given, it is suggested that the parent provide a spare to be kept in the school office. This ensures that an inhaler is available at all times.
- The first dose of a NEW Medication may not be given at school
- Any changes in dosage or addition of new medication must be accompanied by a physician's statement. Faxed orders are considered written orders.
- Discontinuation of medication requires a written physician or parental statement.
- School personnel will not be responsible for transporting medication.
- Medication (excluding controlled substances) may be transported to and from school by secondary students only if prior approval and arrangements have been made with school personnel
- All food and utensils (i.e. measuring device, pill crusher, etc.) needed to administer medication are to be supplied by the parent and clearly labeled with the student's name.
- Empty bottles and discontinued medication are to be picked up by the parent. (Parent is responsible for supplying refill medication as needed). All medication is to be picked up by the parent at the end of the school year or it will be discarded.
- A new Medication Authorization Form is needed each school year.
- When school is in session for a half day only (i.e., conference days), lunchtime doses of medication will NOT be administered.

This information expires June 30, 20\_\_

REDFORD UNION SCHOOL DISTRICT

MACGOWAN ES fax 313 242-3805

BEECH ES fax 313 242-6105

HILBERT MS fax 313 242-4005

REDFORD UNION HS fax 313 242-4205

STUCKEY CENTER (Elementary and Adolescent) Fax 313 242-3905

MEDICATION AUTHORIZATION FORM

STUDENT INFORMATION

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom teacher \_\_\_\_\_ Date received at school \_\_\_\_\_

To be completed by the physician or authorized prescriber:

Name of medication and dose: \_\_\_\_\_

Time to be given at school: \_\_\_\_\_

Medication route: ☐ Tablet/Capsule ☐ Liquid ☐ Inhaler/Nebulizer ☐ Injection ☐ Other \_\_\_\_\_

If PRN, list frequency and symptoms/conditions under which medication is to be given:

Reason for medication: \_\_\_\_\_

Restrictions and/or side effects: ☐ None ☐ Yes, (please describe): \_\_\_\_\_

Special storage requirements or instructions: ☐ None ☐ Yes, (please describe): \_\_\_\_\_

Start: ☐ Date form received  
☐ Other START date \_\_\_\_\_

Stop: ☐ End of school year  
☐ Other END date \_\_\_\_\_

This student may carry this medication: ☐ No ☐ Yes (please complete the back of this form.)  
Per District policy, only EPI-PENS and RESCUE INHALERS can be carried by student

Physician's Name: _____	Physician's Stamp
Address: _____	
Phone Number: _____ Fax: _____	
Physician's Signature: _____ Date: _____	

To be completed by parent/guardian

I request that (name of child) \_\_\_\_\_ receive the above medication at school according to physician order and standard school policy. This signed form indicates parental consent for the physician's staff and school staff to share information needed to assist my child with his/her health and medication needs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

RETURN COMPLETED FORM TO SCHOOL OFFICE