

The Chatfield School

A Public School Academy

School Board

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Dear Parents:

The administration of medication at school is sometimes necessary for a child's well being. To minimize risks, the State of Michigan has laws and regulations that school districts must follow in order to provide the safest possible environment for your child. In addition, the Chatfield Board of Directors has approved Policies and Administrative Guidelines for medications at school.

The law states that in order for an assigned school employee to administer any medication to a student, including aspirin, there must be on file a signed parent's permission slip. If the medication is a prescription, it must come to school in the container from the pharmacy labeled with the child's name, name of medication, amount and frequency of the dosage typed on the container, along with the prescription number and date purchased. If the drug is an over-the-counter drug, the parents will be responsible to label the container with the name of the child and dosage directions. The medication must be provided and retained in the original container; this must be kept in the school office for administering the medication. **Sending a plastic bag or bottle with a note saying to give as needed is not sufficient, and therefore, the drug will not be administered.**

We recommend that you have your doctor complete the *Chatfield School Medication Authorization Information Form* for any prescription drugs.

CHATFIELD SCHOOL

SCHOOL MEDICATION PERMISSION AND INSTRUCTIONS

Form Revised: August 2003

Parent Permission:

Date: _____

Student Name: _____ Date of Birth: _____

Address: _____

Teacher: _____ Grade: _____

I hereby grant permission for authorized school personnel to supervise the medication routine described below, prescribed for the child named above and to exchange information with my child's physician as deemed necessary.

Parent or Guardian Signature

Instructions:

Prescription: _____

Dosage: _____

Schedule: _____

Prescribing Physician: _____ Date Prescribed: _____

Other Special Instructions: _____

Possible adverse reactions or side effects: _____

Date & Number Pill Received: _____

Chatfield School Physician Medication Authorization Information

Date Form Received By School: _____

Student: _____ Date of Birth: _____

Grade: _____ Teacher/Classroom: _____

To be completed by the physicians or authorized prescriber:

Name of Medication: _____

Form of medication/treatment:

Tablet/capsule Liquid Inhaler Injection Nebulizer

Other _____

Instructions (Schedule and Dose to be given at School): _____

Start: Date Form Received Or Other _____

Stop: End of School Year Or Other _____

For episodic/emergency events only

Reactions and/or important side effects:

None anticipated

Yes, Please describe: _____

Special Storage Requirements: None Refrigerate

Yes, Please Describe: _____

Date: _____

Signature: _____

Physician's Name	_____
Address	_____
Phone	_____