

School District of Marshall
Administering Medication to Students
(Please Return to your child's school)

Student Name _____ Physician's name _____
Birthdate _____ Male _____ Female _____ Physician's address _____
School _____ Grade _____ _____
Parent/Guardian _____ Physician's phone _____
Home Phone _____ Work Phone _____ Physician's Fax _____

To Parent/Guardian/Physician:

The School District of Marshall is required by state statute to give prescription medication to students only with the complete directions from a physician and signed consent by parent/guardian. Medication must be supplied in the original container or packaging. For safety and liability reasons, medication received in any container other than the original will not be acceptable for staff administration. By signing this form, you release the Board of Education, its agents and employees from any and all liability which may result from taking this medication.

Medication _____ Dosage _____ Frequency _____
Start Date _____ End Date _____

Form: Tablet/Capsule _____ Liquid _____ Inhaler _____ Nebulizer _____ Injection _____
_____ For episodic/emergency events only _____ Other(explain) _____

*Emergency Medications (inhaler, glucagons, insulin, epi-pen). Student to self-administer/carry? Yes _____ No _____

For grades 7th-12th, if **non-prescription** medication, will be stored in: School Office _____ Locker _____

Time(s) to be given _____ Reason for this medication _____

If given on an "as needed" basis, please describe _____

Special instructions _____

Side effects (expected or predictable) _____

I, the prescribing physician, am willing to accept direct communication from the person dispensing and administering the above medication.

Physician's Signature _____ Date _____
(Signature required for all prescription medication.)

Parent/Guardian Signature _____ Date _____
(Signature required for all prescription and non-prescription medications.)

Marshall School District Phone numbers:
Early Learning Center (608) 655-1588 Elementary (608) 655-4403 Middle (608) 655-1571 High School (608) 655-1310
Fax (608) 655-1592 Fax (608) 655-3425 Fax (608) 655-8225 Fax (608) 655-3046

MARSHALL SCHOOL DISTRICT

NOTICE TO PARENTS REGARDING MEDICATION ADMINISTRATION AT SCHOOL

If possible, please arrange for your student to take medications outside of school hours. Physicians can often prescribe medications to be given before or after school. If your student must take medication during school hours, you must provide the following in accordance with the Marshall School District Medication Policy:

Medication Policy Guidelines:

- **Students in grades EC-6:** May NOT self-administer oral prescription or non-prescription medications while at school.
- **Students in grades 7-12:** May self-administer oral non-prescription medications while at school if that parent feels the student is reliable in doing so.
- **Students grades EC-12:** May NOT self-administer or carry any prescription medications including controlled medications under the Controlled Substances Act of 1970. The exceptions are emergency medications such as asthma inhalers, Epi pens, and Glucagon.

Administration of Medication at School Guidelines:

1. **Prescription Medication - Parent and physician** shall complete annually the Authorization for Administration of Prescription/Non-Prescription Medication Form.
2. **Non-Prescription Medication - Parent (only)** shall complete the Authorization for Administration of Prescription/Non-Prescription Medication Form. **However, if the dose exceeds package recommendations, then a physician signature is also required.**
3. The Medication Administration Form may be obtained from each school office or from the School Website page.
4. The school DOES NOT supply any medications. **Prescription and Non-prescription medication shall be supplied by the parent.** Safe delivery of medication to school is parental responsibility. Prescription Medication shall be supplied in an original pharmacy bottle labeled accurately. (Ask your pharmacist for another bottle with same information on it for school administration). Non-Prescription Medication shall be supplied in the original manufacturers container with the students name on it.
5. For students who require Epipens, a special form, "Emergency Health Care Plan for Severe Allergic Reactions" must be completed annually by **parent and physician.**
6. If there is a change in dose on a medication order, you must have written direction from the physician.
7. Parents are responsible for removing medication from school when it has been discontinued /end of the school year within two weeks or it will be disposed of by school personnel.