



GLEN LAKE SCHOOL
MEDICATION/TREATMENT AUTHORIZATION
FORM



Name of Student _____ Birth Date _____

School _____ Teacher/Grade _____

SECTION I - To be completed by the physician or licensed healthcare provider on all medications (REQUIRED):

Diagnosis/Purpose of medication/treatment (optional) _____
 Name of medication/treatment _____
 Dosage _____ Frequency _____ Route _____
 Start date _____ Stop date _____ indefinite _____
 Instructions, adverse reactions, storage requirements, etc. _____
 Physician's Signature _____ Date _____
 Physician's Name (print or stamp) _____ Phone _____
 Address _____

SECTION II - To be completed by parent/guardian (REQUIRED):

Medications and treatment supplies will be brought to school by the parent/guardian unless other safe arrangements are necessary and possible. All medication should be kept in a labeled container as prepared by a pharmacy, physician or pharmaceutical company and labeled with the student's name, route, dosage, and frequency. The prescription renewal and medication/treatment supply shall be the parent/guardian responsibility.

The student is responsible for presenting himself/herself on time and for taking the medication as prescribed. The undersigned parents/guardians shall notify the School District in writing in the event the prescription shall be discontinued.

I request that the medication/treatment be administered in conformance with the physician's/licensed health care provider's directions and according to the School District's policy. I have reviewed the Glen Lake School Policy entitled "Administrative Regulation Policy 5330 Use of Medications" and agree to abide by the terms.

Parent/Guardian Signature: _____ Date: _____

SECTION III - Self Administration to be completed by parent/guardian and student:

In certain circumstances students are permitted to self-administer medications and treatments. The decision to self-administer is determined by the student's health condition, their level of maturity and responsibility and the type of medication. Students shall not distribute or share their medication or he/she will be subject to disciplinary actions.

Elementary Y5/K-6	Emergency medication only
Middle School 7-8	Emergency medication and medication that is not a controlled substance
Senior High 9-12	All medication

I request that my child be allowed to self-administer the above medication according to school policy. I feel that they are both capable and responsible to hand carry and self-administer this medication.

Parent/Guardian Signature: _____ Date _____

Student Signature: _____ Date _____

Duplication of this form is permitted by GLS.

ORIGINAL: School Office

Glen Lake Community Schools

Medication Authorization Form Information

Dear Parent,

Please return the Medication Authorization form **on the back of this letter** to the school with your child's medication.

We also ask that you follow these instructions when sending medication of any kind to the school for administration.

1. **Each medication must have a separate medication authorization form filled out by your doctor.**
2. **Medication must be in the original pharmacy container, properly labeled and include:**
 - Student's Name
 - Date
 - Physician's Name
 - Medication Name
 - Dosage Amount
 - Directions of Administration

**Most pharmacies will be glad to provide you with duplicate containers if you request them.*

3. Sufficient supply should be sent to the school to insure enough medicine to last for the prescribed length of time. Send at least one week's supply if possible. We discourage the daily carrying of medication for obvious safety reasons.

4. If your child is carrying an inhaler with his/her physician's approval, it is recommended that a second inhaler be kept in the school office.

5. An adult should bring medication to the school office.

6. Unused medication will be discarded unless picked up by parents at the end of the school year.

7. You may come to school to administer medication to your child if you so desire. The school will not be responsible for any medication that has not been prescribed by a physician. We wish to aid you with any problems your child may have, but also take precautions against possibility of drug misuse and unsafe conditions.

Additional medication forms can be obtained from the Glen Lake Community Schools Elementary and Secondary School offices.

Please contact the school nurse or me immediately if you have any questions concerning the medication policy and procedures.

Thank you,

Kimberly Wright
Elementary Principal

*****Over*****