



Medication Administration

Dear Parents, Guardians and Group Home Staff:

The purpose of this letter is to provide information to you about the LISD's administration of medication policy and health information.

It is required to have the LISD **Medication Administration Consent & Licensed Prescriber Order** renewed annually by your student's health care provider. Please return the completed form for the 2024-25 school year, prior to or by the first day your student attends school. Attached with this letter is a blank form for your use. Please keep in mind that we need a completed form for **both** prescription **and** over the counter medications.

- LISD staff **will not** be able to administer medication during the school year without this authorization from your child's health care provider. If we do not receive the **Medication Administration Consent & Licensed Prescriber Order** form by the first day of school, you will be notified. You may either choose to come to school and administer the medication yourself or wait until your child is home to give it.
- It is permissible to have your child's health care provider send orders on their letterhead, provided all the same information is included as on the LISD form, **along with your dated signature.**

Please disregard this letter if your student takes no medications during the school day. If you have questions about administration of medication at school, please feel free to contact me at 517-265-1689. You can also reach out to your student's program supervisor.

In Good Health,

Brittney Hauch
LISD District Nurse
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Medication Administration Consent & Licensed Prescriber Order

Name of Student _____ DOB _____

Diagnosis _____

Known Allergies _____

Name of Medication	1)	2)	3)	Tylenol/Motrin (list if applies)
Amount of Medication				
Time of Administration				
Possible Side Effects				
Special Concerns or Comments				
Student Capable of Self-Administering Medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student May Carry Medication on Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Legal Prescriber's Printed Name _____

Signature _____ Date _____

Address _____ Phone _____



- No medication will be given without an order signed by the legal prescriber.
- All prescription bottles must be labeled by the pharmacy with a current date, name of the student, name of medication, strength of medication, and time to be given.
- All non-prescription medication must come to school in its original packaging.
- Any change in dosage, schedule, frequency, time given, or addition of new medication, must be accompanied by written legal prescriber's statement.

I hereby request that my student be administered his/her medication by the school personnel authorized by the principal/supervisor. I understand that the medication will be administered as per the instructions of my above-named physician. I will notify the school of changes or discontinuation of medication(s).

Parent/Legal Guardian Signature _____ Date _____



I request (name of student) _____ be allowed to self-administer and carry the above medication(s) at school according to school policy.

Parent/Legal Guardian Signature _____ Date _____