



Medication Permission Form Responsibilities

Parents/guardians have the overall responsibility to ensure that student medication is properly delivered and administered. For staff to safely administer medication the following is required:

1. Complete, verify accuracy and return to Landmark the Medication Permission Form.
2. Medication must be brought to school in its original labeled bottle. The bottle can be opened. If you need a bottle for home, request the pharmacy to please give you a second labeled bottle for school.
3. Ensure adequate medication is available and current. This includes monitoring expiration dates, obtaining medication renewals and refills, and splitting any pills so the prescribed dosage is available for staff to administer.
4. Inform the school office in writing of any changes in the student's health affecting the administration of the medication and/or any changes in the medication or the administration, including the discontinuance of the medication.
5. For Prescription Medications ONLY: Landmark requires physician to complete the prescription medication section of the permission form or a copy of the physician order. The physician's office may fax the copy to (810) 982-0679. Parent/Guardian may also drop off a copy of the order. **Prescription medication will not be given without the order on file.**
6. Parent/guardian will monitor that the student complies with the appropriate administration of the medication.
7. Unless authorization for self-possession/self-administration or other arrangements have been preapproved by the school office, deliver student medication to school, and pick up any expired medication or unused medication at the end of the school year. (Student may personally deliver the medication only if he/she is 18 years old, advance notice is given to the school and the student brings the medication directly to Hospitality immediately upon arrival.)

* Students who are 18 years of age or older, or an emancipated minor, have the responsibility of the parent/guardian for this purpose.

Special conditions for self-possession/self-administration:

1. The student is responsible for the physical possession of the medication. The medication must be always maintained, except during proper administration, in a container appropriately labeled by prescribing physician, pharmacy, or pharmaceutical company from which the medication was procured.
2. The school does not monitor or maintain administration records for self-possession/self-administration or medication. The parent/guardian is expected to follow and monitor the appropriate regimen.
3. The school principal or designee may revoke the approval to self-possess or self-administer medication at any time, upon providing advance notification to the student's parent/guardian or to the student is 18 years of age or older.

Possible discipline: Possessing or taking medication in school without approval; sharing medication with or distributing medication to another student; or failure to follow these rules and procedures will result in disciplinary action, up to and including expulsion from school.

Parent/Guardian Signature

4864 Lapeer Rd. • Kimball, MI 48074 • 810-982-7210

Medication Permission Form

This form must be completed by the parent/guardian and kept in the office. All medication must be brought to the school by the parent/guardian.

Student: _____ Birth Date: _____
Last First Middle Initial

Building: _____ Grade: _____

I request that (student name) _____ receive the following medication at school according to standard school policy.

Signature: _____ Relationship: _____ Date: _____

Physician Section: Prescription Medication

Name of Medication: _____ Form: Tablet/Capsule Liquid Inhaler Nebulizer Injection
Dosage: _____ Frequency: _____
Time(s) Given: _____ Duration: _____
Additional Instructions: _____

Self-Administer and/or Self-Possess: By checking this box, I represent that the student is capable and responsible to self-possess and/or self-administer this medication. The student understands when and how to use the medication and to notify school staff if medication is not effective.

Attending Physician: _____ Phone: _____
Address: _____ City/Zip: _____
Physician Signature: _____ Date: _____

Parent Section: Over the Counter Medication

Name of Medication: _____ Form: Tablet/Capsule Liquid Other: _____
Dosage: _____ Frequency: _____
Time(s) Given: _____ Duration: _____
Additional Instructions: _____

Self-Administer and/or Self-Possess: By checking this box, I represent that the student is capable and responsible to self-possess and/or self-administer this medication. The student understands when and how to use the medication and to notify school staff if medication is not effective.

Student's Primary Physician: _____ Phone: _____
Parent/Guardian Signature: _____ Phone: _____ Date: _____

Principal must be informed of the student and what medication they have been given permission for self-possess and self-administer.

Questions on form please call (810) 982-7210. Fax Number: (810) 982-0679