



# PREPARE FOR POSSIBILITY

Dance, Vocal and Instrumental Music, Traditional and Digital Visual Art, Creative Writing, and Acting are a part of every student's schedule – ART EVERY DAY. Our extensive arts program is integrated into our solid academic curriculum. The Arts Academy in the Woods is chartered by the Macomb Intermediate School District's Board of Education

## Permission for Prescribed Medication at School

School Year: \_\_\_\_\_ Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Physician or Licensed Prescriber Authorization

*Only one medication per form  
You will need a separate form for every PRESCRIBED medication.*

Name of Medication \_\_\_\_\_  
*(Please use the exact name)*

Dose \_\_\_\_\_ Route \_\_\_\_\_  
*(Please use the exact dose of the medication to be given, not a range)*

Reason for Medication \_\_\_\_\_

For inhalers or other emergency medication only it is my professional opinion that this student is responsible and knowledgeable about the proper use of this medication and should be allowed to self-carry.  
 Yes  No

Start or Effective Date: Upon delivery of medication and permission to school, or other \_\_\_\_\_

Stop Date: End of the current school year, or other \_\_\_\_\_

Routine time(s) to give during the day \_\_\_\_\_ Episodic/Emergency use only  Yes  No

Other administration instructions \_\_\_\_\_

Storage instructions \_\_\_\_\_

Possible side effects/adverse reactions \_\_\_\_\_

Physician/Licensed prescriber \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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Parent Permission

I request that school staff give my child the above medication as ordered. I give permission for the prescriber to be contacted by school staff about this order if clarification is needed.

Parent/Guardian Signature\_\_\_\_\_

Date\_\_\_\_\_ Phone Number\_\_\_\_\_

Medication should be in the original labeled container. It is the parent/guardian responsibility to: replace expired medication; provide refills when needed; transport the medication to and from the school office

Guidelines for parents/guardians regarding PRESCRIBED medication at school with an order from a physician/licensed prescriber:

- All medication must be in the original container and unopened when delivered to school. Your child's name must be on the medicine bottle or packaging.
- If your child is sick it is not appropriate to treat the symptoms at school. Medication may help briefly or reduce a fever, but he/she is still contagious and should be home.
- The first page of this form must be completed and signed by a physician/licensed prescriber and this page must be signed by the parent/guardian.
- This form **MUST** be completed prior to the start of each school year and/or if any changes in the student's health occur.
- It may be helpful to ask your pharmacy for a 'second' original container/bottle for meds to be left at school when filling your student's prescription.
- The very first dose of this medication may not be given at school.
- Unused medication may be picked up by a parent/guardian any time before the end of the school year. Medication remaining after the last day of school will be properly discarded.

*Parents/guardians have the right to come to school and give medication to their child without an order form on file. However, all sick children should be home to help prevent the spread of communicable disease.*