

STUDENT MEDICATION

**TECUMSEH PUBLIC SCHOOLS
REQUEST AND INSTRUCTIONS FOR
ADMINISTRATION OF MEDICATION TO
HIGH SCHOOL AND
MIDDLE SCHOOL STUDENTS
(Medication to be self-administered)**

I have reviewed the Tecumseh Public Schools' "Medication Administration Regulation" and agree to abide by its terms. The undersigned parents/legal guardians of

_____, request that

_____ be permitted to:

_____ self-possess and/or _____ self-administer (check appropriate)

specific medication provided all of the following conditions are satisfied and administered pursuant to the attached permission form:

- A. For either prescription or non-prescription medication, there must be written authorization for self-possession and/or self-administration of the medicine from the student's parent or guardian, unless the student is emancipated or is age 18.
- B. Students shall be instructed by parents and/or physician as to the appropriate procedures, dosages, and timelines relative to the medications being self-administered.
- C. Written physician instructions are required for prescription medications indicating dosage, time of administration, route of administration, and duration of administration.
- D. All self-administered medications shall be maintained exclusively by and at all times under the student's control while at school.
- E. Students who receive authorization to self-administer their medication shall not convey, transfer, or otherwise distribute the medication to other students.
- F. Building administrators and appropriate teachers shall be informed on a need-to-know basis that the student is permitted to self-possess and/or self-administer medication.

Date: _____

Parent/Guardian Signature

Date: _____

Student Signature

Date: _____

Building Administrator