Administering Medicines to Minor Pupils

Adrian Public Schools personnel are prohibited from providing or administering any medication to a pupil, except as authorized by Board Policy JHCD and accompanying regulation JHCD-R.

1. Medication may be administered by a school administrator or designee in the presence of another adult in accordance with Section 380.1178 of the School Code.
2. The parent or guardian has furnished the school district this form completed by the parent and physician. **Authorization must be updated annually or for each new prescription.**
3. All medication must be in a current labeled container as prepared by a pharmacy, physician or pharmaceutical company and labeled with dosage and frequency of administration.
4. The school will **not** divide pills in half or provide measuring utensils.
5. Nothing in this policy is to prohibit school personnel from the administration of emergency first aid.
6. Medication will be administered every school day, including half days.

Adrian Public Schools – Physician's order
Request for administration of medication to minor pupils

(Please Print)

Student Name:	Address:	DOB:	Grade:
Condition for which drug is being administered:			
Does child require medication be given during school hours? ☐Yes ☐No			
Name of Drug:	Form of Medication: ☐Tablet ☐Liquid ☐Other (explain) ☐Injection ☐Inhaler		
Amount to be given:	Special Instructions:		
Time of Administration:	Medication will be administered at a designated time between the hours of 11:00-1:00 unless special arrangements are made with principal.		
Route or location: ☐Right ear ☐ Right eye ☐Oral ☐ Left ear ☐Left eye ☐Other (explain)	☐Inhaler - May student carry inhaler? ☐Yes ☐No		
Relevant side effect or adverse reactions to be observed, if any:			
List minimal frequency between doses (especially if p.r.n.):			
If p.r.n., list symptoms/conditions under which medication is to be given:			
Length or time during which medication shall be administered: From _____To_____ (Date) (Date)			
Date	Physician Name (please print)	Physician Signature	

Parent Permission

I hereby give permission to the Adrian Public Schools Staff to administer medication to my child as indicated above by the completed Adrian Public Schools - Physician's Order, Request for Administration of Medication to Minor Pupils and for the physician(**'**s)/staff and school district staff to share information needed to assist my child with medication needs.

Date	Parent Signature	Phone