

## KENTWOOD PUBLIC SCHOOLS MEDICATION PROCEDURE

Dear Parents/Guardians:

To help your student succeed in school, we are able to dispense medications during school hours.

Below is our procedure regarding medications at school and a consent form for completion.

- As a parent/guardian you **MUST** transport ANY medications to and from school. This is a safety issue, medications may not be sent in backpacks, lunch boxes, etc.
- Prescription **AND** Non-Prescription medications (including over the counter) require a medication consent form signed by a provider and parent/guardian. The only things we can provide in school without a consent form from a provider is soap, water, bandages, ice, and comfort.

*\*Medication cannot be dispensed without a complete form.*

- New/Changes to Prescriptions – If a prescription changes (time, dose, etc.) a new form will need to be completed by the provider and parent.
- Medications brought to school **must** be in the prescription or over the counter bottle. We will not dispense medications from an outdated bottle, bag, or other container. If you require a second prescription container you can work with the pharmacy to get that. The container must be labeled.
- Splitting medications is not a requirement of school personnel. Please ask the pharmacy or split the medications prior to bringing them to school.
- Reminders:
  - We will try to remind your child to take their medications if they forget. We cannot give medication more than 30 minutes late. If this occurs, we will contact you and the school nurse for further instruction.
  - We can only give medications for reasons prescribed. Please make sure this section is completed by the provider.
  - For medications associated with asthma, allergies, seizures, and diabetes, please have the provider include the student's emergency action plan.
  - All medications will be discarded if not picked up by parent/guardian by the **last day of school**.
- Additional medication consent forms are available in the school and the office. The completed form may be faxed to the school building using the number provided.
- If you have additional questions you can contact your buildings and ask for the School Nurse.

This procedure is in place to ensure child safety.

Thank you for your support and cooperation!

*Alex Corbett, RN-BSN  
Kentwood Public Schools District Nurse Coordinator  
Alexandra.Corbett@kentwoodps.org*

**MEDICATION CONSENT FORM**

This authorization is only valid for the current school year: **2024 – 2025** including the summer session.

This form must be completed fully for Kentwood Public Schools to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of the medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the factory label intact.
- An adult must bring the medication to school, unless pre-arranged with district staff.
- The school nurse will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.
- If your child is Medicaid eligible, school health services may be billed on behalf of the school. School district billing will not impact future benefits of your family's Medicaid plan.
- **If this is an emergency medication, an emergency action plan from the provider must be provided.**

**Prescriber's Authorization**

Student Name: \_\_\_\_\_ Student DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ School Building: \_\_\_\_\_

Condition medication is being administered for: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time/Frequency of Medication: \_\_\_\_\_ If PRN, for what symptoms: \_\_\_\_\_

Relevant Medication Side Effects:  None Expected  Specify: \_\_\_\_\_

Medication Duration: start date \_\_\_\_\_ end date \_\_\_\_\_

Prescriber's Name/Title (Printed): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_

(Original signature or signature stamp ONLY)

Date: \_\_\_\_\_

<b>(Use for Prescriber's Address Stamp)</b>
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**Parent/Guardian Authorization**

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/we certify that we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/we understand that at the end of the school year, an adult must pick-up the medication, otherwise it will be discarded. I/we authorize the school nurse to communicate with the health care provider as allowed by FERPA/HIPPA.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_

**Self-Carry/Self-Administration of Medication Authorization/Approval**

Self-carry/self-administration of medication (including emergency medications) may be authorized by the prescriber and must be approved by the school nurse.

Prescriber's authorization for self-carry/administration: \_\_\_\_\_ Date: \_\_\_\_\_

School RN approval for self-carry/administration: \_\_\_\_\_ Date: \_\_\_\_\_

Order/Authorization Reviewed by School RN: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Building</b>	<b>Fax Number</b>
<b>Brookwood</b>	616-455-5778
<b>Bowen</b>	616-455-6991
<b>Challenger</b>	616-698-9089
<b>Discovery</b>	616-871-1081
<b>Endeavor</b>	616-554-5244
<b>Explorer</b>	616-554-0970
<b>Glenwood</b>	616-455-0320
<b>Hamilton</b>	616-493-5696
<b>Meadowlawn</b>	616-534-2512
<b>Southwood</b>	616-455-7220
<b>Townline</b>	616-538-8770
<b>Crestwood</b>	616-455-2338
<b>Pinewood</b>	616-871-3338
<b>Valleywood</b>	616-538-9301
<b>Crossroads</b>	616-261-6170
<b>East Kentwood Freshman Campus</b>	616-698-0313
<b>East Kentwood High School (10-12)</b>	616-698-2384