



MEDICATION ADMINISTRATION PROCEDURE FOR PARENTS

The following procedures are in line with the current federal and state requirements for medication administration in all school types.

Definitions:

“Medication” includes both prescription and non-prescription medications, including those taken by mouth, taken by inhaler, which are injectable, applied as drops or ointment to the eye or nose, applied to the skin, or any other form prescribed by a physician. These include over-the-counter (OTC) medications such as pain relievers, cough suppressants (including cough drops), nasal decongestants, upset stomach medications, medicated lotions, etc. excluding OTC topical antibiotics (ex: Neosporin).

Medication Administration Monitor: Beth Corwin, 269.463.5545 ext. 114,
bcorwin@gcspatriots.com

1. Medications administered at school shall be restricted to only medication that must be administered during the school day. [Parents/guardians should administer medications at home when possible.](#)
2. Parents/guardians should complete the Consent for Medical Treatment Form (Form MED-2).
3. Permission to Apply (Form MED-3) may be completed to give consent for the application of sunscreen, insect repellent, topical antibiotic, lip balm, and hand sanitizer.
4. The first dose of a newly prescribed medication may not be administered at school. Parents must let the Medication Administration Monitor know when the first dose of a new medication is given and communicate any potential side effects.
5. All medications may only be administered by trained staff. Medications will be kept in a locked cabinet at all times. Expired medications will be returned to parents within one month of expiration. GCS will not administer expired medications.
6. A Medication Administration Authorization Form (Form MED-4) must be signed by the student's licensed medical practitioner for the administration of each prescribed or over the counter (OTC) medication, including cough drops and other medical remedies, during school hours and at school-sponsored events, including off-campus events. The Medication Administration Authorization Form (Form MED-4) shall be renewed annually

and signed by the licensed prescriber. Changes in the order or discontinuation of the order must be in writing from the licensed prescriber. Written instructions from a physician, which includes the name and birthdate of the student, name of the medication, dosage of the medication, route of administration, and the time the medication is to be administered to the pupil shall accompany the request and be kept on record by the school. A separate Medication Administration Authorization Form (Form MED-3) must be on file for each medication.

7. Medication must be delivered to authorized personnel by a responsible adult (whenever possible, a parent) in an original pharmacy labeled container or unopened manufacturer's package. Medication may not be delivered directly by the student. Medication is counted and documented on the Medication Administration Log (Form MED-9) upon receipt. This document will then be signed by the school staff member and adult delivering the medication.

8. Any changes to the medication dosage or time of administration will not be made without written instructions from the physician or authorized prescriber after the initial request.

9. Parents/Guardians are responsible for resupplying all medications. Grace Christian School will not supply any medications to students for any reason. All medications for students must be supplied by the parents and must have the required Medication Administration Authorization Form (Form MED-4) in order to be administered to the student.

10. All medications left at the end of the year must be picked up by the parent/guardian within one week of the end of the school year. All medications left after this will be discarded or destroyed per local ordinances.

11. If a student has an adverse reaction to the medication, we will notify parents immediately. We will also call 911 if the reaction is severe.

12. Students may self-carry emergency medications if the following requirements are met:

- a. The parent/ guardian understands that medication may be given without supervision.
- b. The parent/guardian and the prescribing physician have determined the student is capable of self-carrying and will be responsible with the medication.

- c. The prescribing physician has signed the Medication Administration Authorization Form (Form MED-4) allowing the student to self-carry. The Form must specifically state that the student may self-carry.
- d. The student's teachers must be made aware that the student is self-carrying medication. The teachers must also be given training in case the student is unable to self-administer the medication.
- e. Any misuse of medication that violates the policies- such as irresponsibility, selling of medication, mishandling of medication, or giving away of medication- will result in revocation of self-carry permissions. Building administration may disallow self-carrying abilities if it is deemed necessary for the safety of the student population. Parents/guardians and the prescribing physician will be notified immediately if self-carry permissions are withdrawn.
- f. Emergency Medication Self-Carry and Self-Administration Care Plan (Form MED-5) must be completed for each emergency medication that a student is self-carrying. This plan must include how the student will record self-administration and when the student must seek assistance. For emergency auto-injectors, see point g.
- g. The Food Allergy & Anaphylaxis Emergency Care Plan (Form MED-6) must be completed by a healthcare provider when a student is self-carrying an emergency auto-injector.



CONSENT FOR MEDICAL TREATMENT FORM

2023/2024

Child's name	DOB	Grade	Allergies	Dr name and phone number	Insurance Co & Policy #

I, the parent or guardian of above listed students, give my permission to Grace Christian School to seek medical treatment with a licensed doctor, physician, or emergency treatment center to administer the necessary attention and aid IMMEDIATELY to my child should he/she become injured or sick while participating in a school sponsored event.

Examples of these emergencies include, but are not limited to:

- Fainting/unconsciousness
- Anaphylaxis
- Severe allergic reactions
- Bodily injury
- Any other incident that would require treatment beyond basic first aid

I understand that every effort will be made to reach me should the nature of the injury or illness warrant it. I agree to release from liability and hold harmless all school personnel and Grace Christian School.

Parent signature _____ Date _____



**PERMISSION TO APPLY
SUNSCREEN, INSECT REPELLANT, and OTC TOPICAL
ANTIBIOTIC, LIP BALM, AND HAND SANITIZER**

I, _____, the parent/guardian of _____
_____ give permission to Grace Christian School to administer the following items as
needed:

1. Sunscreen

Parent provided sunscreen (labeled with child's name) or school provided sunscreen 30
spf or higher (generic brand)

As directed on the label by manufacturer of such product.

2. Insect Repellant

Parent provided bug spray (labeled with child's name) or school provided bug spray
(generic brand)

As directed on the label by manufacturer of such product.

3. Over the counter topical ointment (generic Neosporin, triple antibiotic)

Parent provided topical ointment (labeled with child's name) or school provided topical
ointment (generic brand)

* Reason to apply the ointment: minor cuts and scrapes and eczema related wounds

As directed on the label by manufacturer of such product.

4. Parent Provided Lip Balm:

* Reason to apply: chapped lips

As directed on the label by manufacturer of such product.

5. School Provided Hand Sanitizer/Alcohol Wipes:

* Reason to apply: to sanitize hands after coughing or sneezing or to clean a wound.

As directed on the label by manufacturer of such product.

Parent's signature: _____ Date: _____



MEDICATION ADMINISTRATION AUTHORIZATION FORM

2023/2024

Medication must be delivered to school by a responsible adult (whenever possible, a parent) in the original pharmacy labeled container or unopened manufacturer's package. Medication may not be delivered directly by the student. Medication is counted and documented upon receipt and signed by the school staff member and adult delivering the medication. This form must be renewed annually and must be signed by a non-parent, licensed prescriber.

LICENSED PRESCRIBER'S AUTHORIZATION

Name of Student: _____ Date of Birth: _____ Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____

Dose: _____ Route: _____ Time(s): _____

If PRN, frequency: _____ If PRN, for what symptoms: _____

Relevant side effects: ☐ None expected ☐ Specify: _____

Medication shall be administered from: _____ to _____
Month / Day / Year Month / Day / Year

Prescriber's Name/Title _____

Telephone: _____ FAX: _____

Address: _____

Licensed Prescriber's Signature: _____ Date: _____
(Original signature or signature stamp ONLY)

PARENT/GUARDIAN AUTHORIZATION

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/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 within one week of the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I/We authorize the school administration to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: _____ Date: _____

Home #: _____ Cell #: _____ Work #: _____

EMERGENCY MEDICINE SELF CARRY/SELF ADMINISTRATION AUTHORIZATION

Student may self-carry this emergency medication. (must be signed by prescriber and principal)

Licensed Prescriber's Signature _____

Principal's Signature _____ Date _____

I understand point 12e of the Medication Administration Parent Procedure (Form MED-1) and agree to abide by it.

Student's Signature _____ Date _____



EMERGENCY MEDICATION SELF-CARRY AND SELF-ADMINISTRATION CARE PLAN

2023-2024

I, _____, agree to keep record of when I self-administer my medication. I understand that I may need to share this record with my parents or the Medication Administration Monitor if requested.

Medication name _____

Dosage _____

Time to be taken _____

In the event that I am unable to self-administer my medication, students and staff around me should _____

911 should be called if _____

Student signature _____ Date _____

Parent signature _____ Date _____

Teacher signature _____ Date _____

Teacher signature _____ Date _____

Teacher signature _____ Date _____

Teacher signature _____ Date _____

Teacher signature _____ Date _____

Teacher signature _____ Date _____

Teacher signature _____ Date _____

Teacher signature _____ Date _____

Teacher signature _____ Date _____

Name: _____ D.O.B.: _____

Allergic to: _____

 Weight: _____ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No**

**PLACE
PICTURE
HERE**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- ☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR **ANY** OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

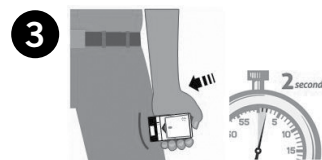
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

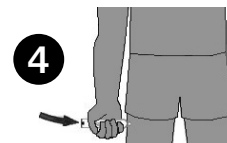
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



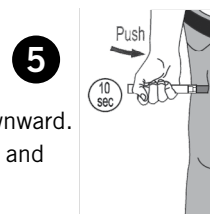
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____



MEDICATION ADMINISTRATION STAFF PROCEDURE

Definition:

“Medication” includes both prescription and non-prescription medications, including those taken by mouth, taken by inhaler, which are injectable, applied as drops or ointment to the eye or nose, applied to the skin, or any other form prescribed by a physician. These include over-the-counter (OTC) medications such as pain relievers, cough suppressants (including cough drops), nasal decongestants, upset stomach medications, medicated lotions, etc. excluding OTC topical antibiotics (ex: Neosporin).

Policy:

1. Provide parent/guardian a GCS Medication Administration Authorization Form (Form MED-4) and the Administration of Medication Procedure for Parents (Form MED-1) upon request. Instruct parent/guardian this document must be signed by the parent/guardian and completed by a physician or authorized prescriber. This document must contain the name of the student, date of birth of the student, name of medication, dosage, time to be administered, route to be administered, and duration of administration. All forms not completed thoroughly are to be sent back with the parent/guardian along with the medication.
2. Medications can only be transported to and from school by a parent, guardian, or pre-approved adult. If medication is brought to the school by someone other than parent/guardian or pre-approved adult, the parent/guardian will be notified immediately to pick up the medication. Medication cannot be left at the school without proper documentation.
3. Ensure all medication is brought to school in an original pharmacy labeled container or unopened manufacturer's package. Ensure the label on the medication container or box matches the information written by the prescriber on the GCS Medication Administration Authorization Form (Form MED-4).
4. All medications must be stored in a locked location with access only to those delegated to administer medications.
5. For any controlled substance/medication received (Ritalin, etc.), count the medication immediately in the presence of the adult transporting the medication to verify the amount of medication being brought to school. This information must be documented on the Medication Administration Log (Form MED-9) and signed by the staff member and parent/guardian counting the medication. All other

medications must be counted before the first dose is given and recorded on the Medication Administration Log (Form MED-9). To count the medication, use gloves, pill tray, and use the Pilleye app. When a new bottle of medication is brought, on the next open line on the Medication Administration Log (Form MED-9) write in “new bottle” with the number/amount received and sign that line.

6. At any time a student has any adverse or allergic reaction to the medication, you must notify the principal or principal’s designee and parent/guardian immediately and, if necessary, call 911.
7. Students may be authorized to carry their medication with them and self-administer the medication if the following criteria is met:
 - a. It is understood by the parent/guardian that the school staff may not supervise, monitor, or maintain records for self-administered medication.
 - b. The parent/guardian, physician/authorized prescriber, and principal have determined that the student is capable and responsible to self-administer his/her medication and has been provided adequate instructions for this.
 - c. The parent/guardian and the physician/authorized prescriber have provided written permission and instructions on the Medication Administration Authorization Form (Form MED-4). This form must specifically state the child is allowed to carry the medication on him/her.
 - d. You must notify the student’s classroom teachers that the student is carrying and self-administering medication. Teachers must acknowledge and sign the Care Plan (Form MED-5 and/or Form MED-6) and be reminded about HIPPA laws that restrict sharing a student’s medical information.
 - e. Any misuse of a medication that violates school’s policies, such as selling or giving away medications, will result in revocation of the self-administration privileges as well as subject to disciplinary actions. The principal may disallow self-administration if he or she deems it necessary for the safety of the student population. Parent/guardian and physician/authorized prescriber will be notified immediately for both situations.
 - f. A Care Plan (Form MED-5 and/or Form MED-6) must be created for students who self-carry including when the student needs to use the medication and when the student needs to seek additional assistance. The Care Plan (Form MED-5 and/or Form MED-6) must also include what

to do if the student is not able to self-administer medication during an emergency.

8. Ensure that GCS Medication Administration Authorization Form (Form MED-4) is signed by the parent/guardian and completed by the physician/authorized prescriber at least annually or anytime there is a change in medication.
9. Medication left over at the end of the school year must be picked up by the parent/guardian within one week of the students' last day of school. Document on Medication Administration Log (Form MED-9) when the parent/guardian is notified to pick up medication. Document when parent/guardian picks up the medication and ensure that the parent/guardian signs the Medication Administration Log (Form MED-9) to verify that the medication has been picked up. All medication not picked up within one week by parent/guardian will be discarded or destroyed per the GCS policy.

Medication Administration Procedure:

1. When all required forms have been completed and brought to school with the medication, designated staff will complete the Medication Administration Log (Form MED-9) for all medications ordered by physician/authorized prescriber. The log must be completed thoroughly and will be written exactly as the physician/authorized prescriber has written the order. Ensure that the Medication Administration Log (Form MED-9), prescription from pharmacy, and the Medication Administration Authorization Form (Form MED-4) all state the same information.
2. Document the amount of the medication brought. For all controlled substances (i.e. Ritalin, etc.) the parent/guardian must witness the medication being counted and are required to sign or initial the Medication Administration Log (Form MED-9) to verify the amount being brought to school.
3. Ensure the student receives his/her medication as prescribed. If the student does not come to the office to obtain the medication, then the student must be called out of class to get the medication. It is our responsibility to make sure the child receives his/her medication.
 - a. All necessary medications must be taken with students on any field trips if the student will be away from the building during the time for administration. Medication should be transported in the original container along with the Medication Administration Log (Form MED-9) and the

Medication Administration Authorization Form (Form MED-4). Two trained personnel must administer the medication and are charged with the handling and carrying of the medications. Upon return from the field trip, all materials must be returned to the main office immediately. For any student prescribed with emergency medications such as Diastat, Glucagon, Inhalers, or Epi-pens, the Care Plan and the Child Information Record must accompany the medication as well.

4. Ensure the appropriate medication is given to the correct student at the correct time. All medication administration must be witnessed by another delegated staff member, except in an emergency that threatens the life of the student. Licensed professional nurses do not require the presence of a second adult when they administer medications to the student in school.
5. Once the child has received his/her medication, the staff member giving the medication and the staff member witnessing the medication administration must sign the Medication Administration Log (Form MED-9) and make sure that it has the correct information. All medication documentation must be done in ink.

General Information:

1. Ensure that changes to the medication dosage or time of administration will not be instituted without the written instructions from the physician or authorized prescriber after the initial request.
2. Prescription and medication supply renewal is the responsibility of the parent/guardian, but reminding the student or parent/guardian may be necessary.
3. Medication should only be administered and witnessed by trained personnel designated by administration. This training shall be given by an R.N. or physician and includes review, demonstration, and practice as recommended by the Michigan Association of School Nurses. This training shall be done yearly and more frequently if needed for new staff or individual training for specific medications or events.
4. If a medication error is made (wrong dose, wrong student, and/or wrong medication) the error must be reported immediately to the principal and student's parents. The principal will determine if the physician needs to be notified. A Medication Incident Form (Form MED-10) must be completed and filed.

5. If at any time there are any questions, concerns, or problems please notify the Medication Administration Monitor or Principal immediately.