

## KENTWOOD PUBLIC SCHOOLS MEDICATION POLICY

Hello Parents and Guardians,

We want to ensure every student is safe and successful at school! Dispensing medication during school hours is a service we're happy to provide, and the policies below are in place strictly to ensure your child's safety and adhere to legal requirements.

### 1. Transportation is Your Responsibility

- **You MUST personally transport ALL medications** to and from school.
- For safety reasons, medications are **NEVER** to be sent with your student in their backpack, lunchbox, pocket, or any other unauthorized container.

### 2. Required Consent Forms

- **Prescription Medications:** Require a Medication Consent Form signed by **BOTH** the prescriber (doctor/provider) and the parent/guardian.
- **Non-Prescription (Over-the-Counter) Medications:** Require a Medication Consent Form signed by the parent/guardian. We can only administer medications that are **FDA approved**.
- **NO medication can be dispensed without a fully completed and signed form.**
- The only things we can provide without a form are basic first aid: soap, water, bandages, ice, and comfort.

### 3. Proper Medication Packaging

- All medication brought to school **MUST be in the original container**.
- We **CANNOT** administer medication from an outdated bottle, a bag, or any other non-original container.
- The container **MUST be clearly labeled** by the pharmacy. If you need a separate container for school, please coordinate with your pharmacy.

### 4. Changes and Splitting

- **Changes to Medication:** If the dose, time, or any other part of the medication order changes, a **NEW consent form** must be completed by the parent (and the prescriber if it's a prescription).
- **Splitting Doses:** School personnel are NOT required to split medications. Please have the pharmacy split the medication or split it yourself before bringing it to school.

### Important Safety Reminders

- **Timing:** We will try to remind your child to take their medication. However, we cannot give medication more than 30 minutes late. If this happens, we will contact you and the school nurse for guidance.
- **Reason for Use:** We can only administer medication for the specific reason on the consent form. Please ensure the prescriber completes this section on the form.
- **Emergency Plans:** For medications related to **asthma, allergies, seizures, and diabetes**, the prescriber **MUST** include the student's emergency action plan with the consent form.
- **End of Year:** All medications **MUST be picked up** by a parent/guardian on the last day of school. Any leftover medications will be discarded after this date.

Your cooperation with these strict policies is essential to maintaining a safe environment for all students.

Thank you,

*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: **2025 – 2026** 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 and 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.
- 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.
- **Emergency action plans must be attached for emergency medications.**

**Medication Information**

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 Authorization for Prescription Medication**

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

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

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

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

(Original signature or signature stamp ONLY)

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

(Use for Prescriber's Address Stamp)

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

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: \_\_\_\_\_

*Students who self-carry medications may only carry one day worth of doses at school. No controlled substances allowed.*

**Parent/Guardian Authorization - Required**

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 HIPPA.

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

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

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      |