

Milan Area School Administration of Medication by School Personnel

Michigan law requires a physician's written order along with a parent/guardian signature of authorization of all prescribed medications. A parent/guardian signature of authorization and confirmation of medication appropriateness by a licensed physician is required for all non-prescription medications.

Authorization Form

Signature of physician and parent/guardian required for **ALL** prescribed medications.

Signature of parent/guardian and confirmation by a licensed physician required for **ALL** Over the Counter(OTC) medications.

Student Name: _____ Birthdate: _____ Grade: _____ School Year: _____

	Medication Name	Dose	Time Given	Form/Route*	Side Effects	Adverse Reactions	Self-administer Y or N
1							
2							
3							

*Routes-oral (pill/capsule/chewable/liquid)-inhaled (nebulizer/inhaler)-topical skin application-topical drops (eye/ear/nose)-injection-other (list)

List minimal frequency between doses (especially if pm): _____. If pm list symptoms/conditions under which medications to be given: _____

Special instructions: _____

Start date (if not beginning of school year): _____ Stop date (if not the end of school year): _____

Physician's Signature Date Physician's Printed Name

Physician Phone # Fax # Address

Authorization of Parent/Guardian Concerning the Administration for All Above Medications by School Personnel

1. No prescription medications will be given without a physician's order, signed by the physician.
2. All prescription bottles must be labeled by the pharmacy with a current date, the name of the student, name and strength of the medication, dosage and frequency of administration.
3. Over the counter medications must be contained in a labeled, original container.
4. The medication in any bottle must be the same medications as stated on the label.
5. No over the counter medication will be given without a parent/guardian signature and confirmation by a licensed physician.
6. Any change in prescription medication including a change in dosage or the discontinuation of the medication must be accompanied by a physician's order.

I hereby permit a School Nurse or other person designated by the Superintendent to administer medications as directed by the physician and /or myself to the above named student and will not hold the Board of Education or it's personnel responsible for the complications related to the medication pursuant to P.A. 451 or 1976-S1178.

Parent Signature Date

Please feel free to contact Judee Gniewek, School Nurse, for questions about the medication policy or standard. Judee Gniewek 734-439-5858

Milan High School	Milan Middle School	Symons Elementary	Paddock Elementary
Phone - 734-439-5000	Phone - 734-439-5200	Phone - 734-439-5300	Phone - 734-439-5100
Fax - 734-439-5084	Fax - 734-439-5288	Fax - 734-439-5303	Fax - 734-439-5160