

MEDICATION USE AT SCHOOL

Permission to Administer Prescription Medication at School

Child's Name (print) _____ Birth Date _____

Name of Medication: _____ Diagnosis: _____

Reason for medication to be given at school: _____

Dosage to be given _____ Frequency/Time to be Given _____

Possible Side Effects _____

Physician's Name (print) _____ Physician's Phone # _____

Physician's Signature _____ Date _____

I hereby request and authorize the school administrator, or a designee, to administer the following prescription medication to my child while attending school, a field trip, or a summer program. I release school personnel from liability should adverse reactions or injury result from the administration of the medication.

Parent/Guardian's Signature _____ Date _____

Permission to Self-Possess and Self-Administer Medication

Michigan State Law requires that students self-administering medications must have written orders from the physician/licensed prescriber and written authorization from the parent/guardian. "Self-administration" means that the student can administer the medication in a manner directed by the physician without additional direction or supervision by school staff. "Self-possession" means that under the direction of the physician, the student may carry medication on his/her person to allow for immediate and self-determined administration.

Child's Name (print) _____ Birth Date _____

TO BE COMPLETED BY THE PHYSICIAN:

Form of medication: ___ Tablet/capsule ___ Liquid ___ Inhaler ___ Injection ___ Nebulizer ___ Other

Special instructions/storage requirements: _____

Signs/Symptoms for which medication is being prescribed: _____

Restrictions and/or side effects: _____

Order Start Date: _____ Order End Date: _____

Student is capable of and authorized to: ___ self-administer the medication ___ self-possess the medication

Physician's Name (print) _____ Physician's Phone # _____

Physician's Signature _____ Date _____

My student is capable of and authorized to self-possess and/or self-administer this medicine. I release school personnel from liability should any complications result from this medication.

Parent/Guardian's Signature _____ Date _____