

## WYANDOTTE PUBLIC SCHOOLS

### Medication/Medical Procedure Physician/Parent Authorization

*Michigan law requires a physician's written order and parent/guardian authorization for administration of medication/medical procedures to be done in school*

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

**To be completed by physician/licensed prescriber:**

Medication Name	Dose	Time Given	Route/Form	Reason Given
Special Treatments: (t-feedings, O2, suction, cath, etc.)				

PRN meds – list minimal frequency between doses and conditions under which medication is to be given:

\_\_\_\_\_

Special Instructions and/or important side effects: \_\_\_\_\_

\_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Physician's printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's phone and fax number:** \_\_\_\_\_

**Physician NPI number** \_\_\_\_\_

**Physician's address:** \_\_\_\_\_

**To be completed by parent/guardian:**

I request and give permission for my child to receive the above medications/treatment at school in accordance with district policy, and for physician's staff and school district staff to share information as needed to assist my child with his/her medical needs. The medication and/or supplies will be provided by me to the school district in accordance with school district policy.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_