

Trenton Public Schools
2603 Charlton Road
(734)676-8600
Fax: (734)676-4851

**TO BE COMPLETED BY THE PHYSICIAN AND PARENT/GUARDIAN FOR STUDENT
SELF-ADMINISTERING MEDICATION**

STUDENT NAME: _____

1. This student is both capable and responsible for administering this medication:
 No Yes – Supervised
 Yes – Unsupervised

2. This student may carry this medication:
 No Yes

3. Please indicate if you have provided additional information:
 On the back side of this form
 As an attachment

4. The physician has instructed said student on appropriate use and side effects of the self-administering medication:
 No Yes

The State of Michigan gives the right to a school building administrator to discontinue the self-administered medication privilege if there is a violation with this privilege. The self-administered medication privilege requires:

1. That the medication be kept on the student at all times.
2. The student may not share the medication with any other student(s).
3. The student must administer the medication according to the prescribed pharmaceutical/physician instructions.

PARENT/GUARDIAN SIGNATURE: _____

PHYSICIAN SIGNATURE: _____

DATE: _____