

# MEDICATION ADMINISTRATION AUTHORIZATION

Marshall Public Schools  
 100 E. Green Street  
 Marshall, Michigan 49068  
 Phone: (269) 781-1251 Ext. 1160  
 Fax- MHS: (269) 781-5304 MOHS: (517) 630-3305 MMS: (269) 781-6621  
 Fax- Gordon: (269) 789-3700 Harrington: (517) 629-8209 Hughes: (269) 789-3704 Walters: (269) 789-3703

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Building \_\_\_\_\_ Grade \_\_\_\_\_ School Year: \_\_\_\_\_

Allergies \_\_\_\_\_ **EPI-Pen** Yes No **Inhaler** Yes No

**\*Please read all of the instructions below:**

- This form must be completed fully in order for schools to administer the required medication (Prescribed and OTC).
- All Medication Administration Authorization (MAA) forms must have a physician and guardian signature to be valid.
- A new MAA form must be completed at the beginning of each school year and each time there is a change in dosage or time of administration.
- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact.
- An adult must bring the medication to school and pick the medication up at the end of the school year.
- The school nurse (RN) will call the prescriber if a question arises about the child and/or the child's medication.
- Please bring in your student's medications to school before the start of the new school year.

Prescription Medication:	Dose:	Time to be given at School (Please circle or write time)
		Breakfast Lunch Dinner Bedtime PRN Other: _____
		Breakfast Lunch Dinner Bedtime PRN Other: _____
		Breakfast Lunch Dinner Bedtime PRN Other: _____
		Breakfast Lunch Dinner Bedtime PRN Other: _____
		Breakfast Lunch Dinner Bedtime PRN Other: _____

**Non-Prescription (OTC) Medication:**

Trained Marshall Public School staff/designees may give the following medications to the student named above as needed during the school year: **(Please circle all that can be given)**

Ibuprofen                      Tylenol                      Benadryl                      Tums Antacid                      Cough drop

**The student named above is able to self carry/self administer their medication. (Please circle one & sign below):**    **YES**    **NO**  
 Self-carry/self-administration of medication (including **emergency medication**) during school hours must be authorized by the prescriber, the parent/guardian, and must be approved by the school nurse according to the school's medication policy.

**Prescriber's authorization** for self-carry/self-administration of medication: \_\_\_\_\_  
Signature                      Date

**School RN approval** for self-carry/self-administration of medication: \_\_\_\_\_  
Signature                      Date

**Parent approval** for self-carry/self-administration of medication: \_\_\_\_\_  
Signature                      Date

Trained Marshall Public School staff/designees have my permission to provide first aid and administer medications listed above. I understand that in case of illness or accident an attempt will be made to contact me at the telephone numbers listed on the emergency contact forms in PowerSchool. I agree to all the terms listed on this form for the current entire school year.

\_\_\_\_\_  
 SIGNATURE OF PHYSICIAN/MEDICAL PROVIDER

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINTED NAME OF PHYSICIAN/MEDICAL PROVIDER

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
 DATE