MEDICATION AUTHORIZATION

<table>
<thead>
<tr>
<th>STUDENT'S NAME</th>
<th>DATE OF BIRTH</th>
<th>TODAY'S DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>TEACHER/COUNSELOR</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Both prescription and nonprescription medications require a completed Medication Authorization form signed by a physician and parent/guardian. If medication is related to a life-threatening health condition, Livonia Public Schools staff will develop an Individualized Health Care Plan in conjunction with the student’s physician.

TO BE COMPLETED BY THE PHYSICIAN:

<table>
<thead>
<tr>
<th>NAME OF MEDICATION.</th>
<th>[ ] Prescription [ ] Non-Prescription</th>
</tr>
</thead>
</table>

REASON FOR MEDICATION

FORM OF TREATMENT

- [ ] Tablet/Capsule
- [ ] Inhaler
- [ ] Liquid
- [ ] Injection
- [ ] Nebulizer

INSTRUCTIONS

<table>
<thead>
<tr>
<th>DOSAGE</th>
<th>TIME OF DAY: [ ] Daily [ ] As Needed [ ] Emergency Only [ ] Other</th>
</tr>
</thead>
</table>

IF DOSAGE IS “AS NEEDED” OR “EMERGENCY ONLY” SPECIFY SYMPTOMS AND LIMITS:

RELEVANT SIDE EFFECTS

<table>
<thead>
<tr>
<th>STORAGE REQUIREMENTS</th>
<th>STUDENT IS CAPABLE AND RESPONSIBLE FOR SELF-POSSESSION AND SELF-ADMINISTERING: [ ] Inhaler [ ] Emergency</th>
</tr>
</thead>
</table>

PLEASE INDICATE IF YOU HAVE PROVIDED ADDITIONAL INFORMATION: [ ] On the back of this form [ ] As an attachment

PHYSICIAN’S NAME:

PHONE

FAX

ADDRESS

PHYSICIAN’S SIGNATURE

DATE.

TO BE COMPLETED BY THE PARENT/GUARDIAN

I request that _____________________________________________________________________ receive the above Medication at school according to district policy
Be allowed to self-administer the above medication (Inhaler or emergency medication) at school according to district policy

I authorize school personnel to contact the above physician with questions or concerns relative to this authorization and medication.

Parent/Guardian’s Signature

Date

NOTES

1) Medication includes prescription, non-prescription and herbal medications, and includes those taken by mouth, by inhaler, those that are injectable, and those applied as drops to eyes, nose, or medications applied to the skin

2) Medications must be in an appropriately labeled container

3) This authorization is valid for the current school year only

4) This authorization must be maintained with the individual Student Medication Log

5) It will be the student’s responsibility to make contact with school personnel for the administration of medication, unless other arrangements have been made by the administrator

Revised 06/07