LIVONIA PUBLIC SCHOOLS

15125 Farmington Road ◆ Livonia, Michigan ◆ 48154

Medication Authorization

Student's Name _____ Date _____

Date of Birth _____ School _____

Teacher / Counselor _____ Grade _____

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

Name of Medication _____ ☐ Prescription ☐ Non-Prescription

Reason for Medication _____

Form of Treatment ☐ Tablet / Capsule ☐ Inhaler ☐ Liquid ☐ Injection ☐ Nebulizer

Instructions _____

Dosage _____

Time of Day ☐ Daily ☐ As Needed ☐ Emergency Only ☐ Other -

If dosage is "as needed" or "emergency only" specify symptoms and limits: _____

Relevant Side Effects _____

Storage Requirements ☐ None ☐ Refrigerate ☐ Other -

Student is capable and responsible for self-possession and self-administering: ☐ Inhaler ☐ Emergency Meds

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

Physician's Name _____ Phone _____

Address _____ Fax _____

_____

_____ _____

Physician's Signature Date

TO BE COMPLETED BY THE PARENT / GUARDIAN

I request that _____
Student's Name

☐ 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.

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