



Ann Arbor Public Schools
Medication Administration Form
Authorization for Carrying and
Self-administration of Medication

The Ann Arbor Public Schools require a Physician's written order, the Parent's or Guardian's written authorization, the School Nurse's authorization, the Principal's authorization, and the responsible management of the medication by the student for students to be permitted to carry and self-administer medications including over-the-counter medications.

PHYSICIAN'S ORDER FOR MEDICATION:

Student Name _____ Date _____

Address _____ Date of Birth _____

Diagnosis _____

Name of medication(s) _____

Time(s) of administration and dosage _____

Relevant side effects, if any _____

Other suggestions _____

The length of time that the medication shall be administered shall be one school year, from September to August. All medication authorizations must be renewed at the beginning of each school year.

Physician Signature Date School Nurse Signature Date

Address Principal Signature Date

I hereby request that my child be permitted to carry and self-administer the above medication at school. I understand that self-medication of medicines at school is contingent upon the permission of the Principal and the School Nurse and the responsible management of the medication by the student. I will notify the school in writing if this medication is to be discontinued. If the administration of the medication needs to be otherwise changed, I will resubmit an Authorization for Carrying and Self-Administration of Medication form.

Parent/Guardian Signature Date