

ANN ARBOR PUBLIC SCHOOLS
AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES
BY REC & ED SAFETY TOWN PERSONNEL

Ann Arbor Public Schools requires a physician's written order and the parent's or guardian's written authorization for administration of either prescription or over the counter medications.

PHYSICIAN'S ORDER

Name: _____ Date: _____

Address: _____ Date of Birth: _____

Diagnosis: _____

Name of medication(s): _____

Time(s) of administration and dosage: _____

Relevant side effects, if any: _____

Other suggestions: _____

This form authorizes administration of medicines June through August only. All medication authorizations must be renewed at the beginning of each school year.

Physician Signature

Address

I hereby request that my child be administered the above medication(s) by Safety Town camp personnel. I understand that the medication(s) will be administered as directed by the above named physician. I will notify the camp in writing if the medication(s) is to be discontinued. If the administration of the medication(s) needs to be otherwise changed, I will resubmit an Authorization for the Administration of Medication form with physician signature.

Parent Signature

Date