



Ann Arbor Public Schools

Medication Administration Form*

Authorization for the Administration of Medications by
Re & Ed Before/After Care Program Staff

The Ann Arbor Public Schools require a physician's written order and the parent's or guardian's written authorization for administration of all medications, including over-the-counter medications.

**Note: An equivalent form from your student's doctor's office may be used, as long as it is also signed and dated by a parent. All medical forms must be completed annually.*

PHYSICIAN'S ORDER FOR MEDICATION ADMINISTRATION

Name: _____ Date: _____

Address: _____ Birthdate: _____

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 may be administered shall be one school year, from September through August. All medication authorizations must be renewed at the start of each school year.

Physician Signature: _____

Address: _____

I hereby request that my student be administered the above medication(s) by BAC/camp personnel. I understand that the medication(s) will be administered as directed by the above named physician and that each medication must come in its original container. I will notify the school in writing if an authorized medication is to be discontinued. If the administration of an authorized medication needs to be otherwise changed, I will resubmit an Authorization for the Administration of Medication form with physician signature.

Parent/Guardian Signature: _____ Date: _____