DEXTER COMMUNITY SCHOOLS

Authorization for Administration of Medication by School Personnel

Michigan law requires a physician's written order AND parent/guardian signature of authorization for the administration of all medication by school personnel.

Student: _____ **DOB:**_____ **Grade:** _____ **Date:**_____

To be completed by physician:

Medication	Dose	Time	Route	Side Effects

- Start Date: _____ Stop Date: _____
- List minimal frequency between doses, be specific for each medication listed above (especially if PRN- as needed):

  _____
- If PRN, list symptoms/conditions under which medication is to be administered, be specific for each PRN medication listed above:

  _____

Physician's Phone #: _____ **Address:** _____

_____ _____ _____

Physician's Signature **Date** **Physician's Printed Name**

To be completed by parent/guardian:

Authorization of Parent/Guardian concerning the administration of all above medications by school personnel.

1. No medication will be administered without a physician's order (must be signed by the physician).
2. All prescription medications must be in their original containers, as provided by the pharmacy.
3. OTC medications must be labeled with the student's name and in the original container.
4. No medications will be administered without patent/guardian signature.
5. Any change in prescription must be accompanied by a physician's order.

I request and give permission for my child, named above, to receive the above medication(s) according to the prescribing health care provider's orders AND school district policy. I also give permission for the school nurse to communicate with my child's physician regarding this medication. I will assume responsibility for safe delivery of the medication to school. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

_____ _____ / _____ _____

Parent/Guardian Signature Date Student Signature Date

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