



Ann Arbor Public Schools
Medication Administration Form
Authorization for the Administration of
Medications by School Personnel

Today's Date: _____

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.

PHYSICIAN'S ORDER FOR MEDICATION ADMINISTRATION

Student Name _____ **Date of Birth** _____

Address _____

Diagnosis _____

Name of medication _____

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 August to August.
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) at school by the school 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.

Parent/Guardian Signature _____ **Date** _____