

Medication Authorization

Student's Name _____

Date _____

Date of Birth _____

School _____

Teacher / Counselor _____

Grade _____

Both prescription and nonprescription medications require a completed Medication Authorization form signed by a physician and parent/guardian. If medication is related to a life-threatening health condition, Livonia Public Schools staff will develop an Individualized Health Care Plan in conjunction with the student's physician.

*TO BE COMPLETED BY THE PHYSICIAN*Name of Medication _____ ☐ Prescription ☐ Non-Prescription

Reason for Medication _____

Form of Treatment ☐ Tablet / Capsule ☐ Inhaler ☐ Liquid ☐ Injection ☐ Nebulizer

Instructions _____

Dosage _____

Time of Day ☐ Daily ☐ As Needed ☐ Emergency Only ☐ Other -

If dosage is "as needed" or "emergency only" specify symptoms and limits: _____

Relevant Side Effects _____

Storage Requirements ☐ None ☐ Refrigerate ☐ Other -Student is capable and responsible for self-possession and self-administering: ☐ Inhaler ☐ Emergency MedsPlease indicate if you have provided additional information: ☐ On the back of this form ☐ As an attachment

Physician's Name _____

Phone _____

Address _____

Fax _____

Physician's Signature _____

Date _____

*TO BE COMPLETED BY THE PARENT / GUARDIAN*I request that _____
Student's Name☐ receive the above medication at school according to district policy.☐ be allowed to self-administer the above medication (inhaler or emergency medication) at school according to district policy.☐ I authorize school personnel to contact the above physician with questions or concerns relative to this authorization and medication.

Parent / Guardian's Signature _____

Date _____

NOTES

- ① Medication includes prescription, non-prescription and herbal medications, and includes those taken by mouth, by inhaler, those that are injectable, and those applied as drops to eyes, nose, or medications applied to the skin.
- ② Medications must be in an appropriately labeled container.
- ③ This authorization is valid for the current school year only.
- ④ This authorization must be maintained with the Individual Student Medication Log.
- ⑤ It will be the student's responsibility to make contact with school personnel for the administration of medication, unless other arrangements have been made by the administrator.