

**Milan Area Schools**  
**Administration of Medication by School Personnel**

Michigan law requires a physician's written order along with a parent/guardian signature of authorization for administration of all prescribed medications. A parent/guardian signature of authorization and confirmation of medication appropriateness by a licensed physician is required for all non-prescription medications.

**Authorization Form**

Signature of physician and parent/guardian required for **ALL** prescribed medications.

Signature of parent/guardian and signature by a licensed physician required for **ALL** Over the Counter (OTC) medications.

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

	Medication Name	Dose	Time given	Form/Route*	Side Effects	Adverse Reactions
1						
2						
3						

\*Routes-oral (pill/capsule/chewable/liquid)-inhaled (nebulizer/inhaler)-topical skin application-topical drops (eye/ear/nose)-injection-other (list)

List minimal frequency between doses (especially if prn): \_\_\_\_\_ If prn list symptoms/conditions under which medications to be given \_\_\_\_\_

Special instructions (or) Document **authorization to self-carry and/or self-administer**: \_\_\_\_\_

Start date (if not beginning of school year): \_\_\_\_\_ Stop date (if not the end of school year): \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Physician's Printed Name \_\_\_\_\_

Physician Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Address \_\_\_\_\_

**Authorization of Parent/Guardian Concerning the Administration for All Above Medications by School Personnel**

1. No prescription medications or Over the Counter medications will be given without a physician's order, signed by the physician.
2. All prescription bottles must be labeled by the pharmacy with a current date, the name of the student, name and strength of the medication, dosage and frequency of administration.
3. All self-carry, self-administer medications must be documented and signed by a physician.
4. Over the Counter medications must be contained in a labeled, original container.
5. The medication in any bottle must be the same medication as stated on the label.
6. Any change in prescription medication including a change in dosage or the discontinuation of the medication must be accompanied by a physician's order.

I hereby permit a School Nurse or other person designated by the Superintendent to administer medications as directed by the physician to the above-named student and will not hold the Board of Education or it's personnel responsible for the complications related to the medication pursuant to P.A. 451 or 1976-S1178

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please feel free to contact Dawn Hynds, District Nurse or your building office for questions about the medication policy or standard.

Nursing Office  
734-439-5858

Milan High School  
Phone: 734-439-5000  
Fax: 734-439-5084

Milan Middle School  
Phone 734-439-5200  
Fax 734-439-5288

Symons Elementary  
Phone: 734-439-5300  
Fax: 734-439-5303

Paddock Elementary  
Phone: 734-439-5100  
Fax: 734-439-5160