



Ann Arbor Public Schools Medication Administration Form Authorization for Carrying and Self-Administration of Medication

The Ann Arbor Public Schools require a Physician's written order, the Parent's or Guardian's written authorization, the School Nurse's authorization, the Principal's authorization, and the responsible management of the medication by the student for students to be permitted to carry and self-administer medications including over-the-counter medications.

Today's Date _____

PHYSICIAN'S ORDER FOR MEDICATION:

Student Name _____ Date of Birth _____

Address _____

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

Physician Signature _____ Date _____

Address _____ School Nurse Signature _____

Principal Signature _____

I hereby request that my child be permitted to carry and self-administer the above medication at school. I understand that self-medication of medicines at school is contingent upon the permission of the Principal and the School Nurse and the responsible management of the medication by the student. I will notify the school in writing if this medication is to be discontinued. If the administration of the medication needs to be otherwise changed, I will resubmit an Authorization for Carrying and Self-Administration of Medication form.

Parent/Guardian Signature _____ Date _____