



**Ann Arbor Public Schools
Medication Administration Form**

**Authorization for the Administration of Non-
Prescription Medications by School Personnel**

Today's Date: _____

The Ann Arbor Public Schools require the parent's or guardian's written authorization for administration of all medications, including over-the-counter and non-prescription medications.

Student Name _____ **Date of Birth** _____

Address _____

Reason for administration _____

Name of non-prescription medication _____

Time(s) of administration and dosage _____

Relevant side effects, if any _____

Other suggestions _____

All authorizations must be renewed at the beginning of each school year.

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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 above 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 Non-Prescription Medication form.

Parent/Guardian Signature _____ **Date** _____