

## ADMINISTRATION OF MEDICATIONS BY SCHOOL PERSONNEL

Michigan law requires a physician's written order and parent/guardian authorization for administration of medication (**including** non-prescription medications).

### PHYSICIAN'S ORDER/PARENT REQUEST

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drug:	1.	2.	3.	Over-the-Counter Drug
Amount of Drug:				
Time(s) of administration:				
Condition for which drug is administered:				
Possible side effects:				
Instructions, comments:				

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Authorization of Parent/Guardian Concerning the Administration Of Above Medications by School Personnel

1. No medications will be given without a physician's order signed by the physician.
2. The prescription bottles **must** be labeled by the pharmacy with a current date, the name of the student, name of medication, strength of medication, and specific directions as the time and dosage to be given.
3. All medications to be given will be properly recorded.
4. Any change in dosage or addition of new medications must be accompanied by a physician's statement.

I hereby permit the school health director or staff she has designated to administer medications as directed by the physician to my student, \_\_\_\_\_, and will not hold the Board of Education or its personnel responsible for complications related to the medication, pursuant to P.A. 451 of 1976-S1178.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please feel free to contact the WCA School Health Director at 429-7733 Ext. 2107 for questions or changes in medication or other health concerns.

\*Columns 1, 2 and 3 can be used for over the counter (nonprescription) medication listing as well.