



# ADMINISTRATION OF MEDICATIONS BY SCHOOL PERSONNEL

Michigan law requires a physician's written order, along with the parent/guardian signature of authorization for administration of all prescribed medications. Only parent/guardian signature of authorization is required for non-prescription drugs used on an occasional basis.

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

Medication	1.	2.	3.
Dosage			
Times of Administration			
Route of Administration			
Possible side effects:			
Special instructions and/or comments:			

## Physician Authorization (required for prescription medication)

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

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

## Parent Authorization Concerning the Administration of All Above Medications by School Personnel

- No prescription medications will be given without a physician's order, signed by the physician.
- All prescription bottles must be labeled by the pharmacy with a current date, the name of the student, name of medication and strength of medication.



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- OTC medications must be contained in a labeled, original container.
  - The medication in any bottle must be the same medication as stated on the label.
  - No OTC medications will be given without a parent/guardian signature.
  - 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 school personnel to administer medications as directed by the physician and/or myself to the above named student and will not hold Greenhills School or its staff/faculty responsible for complications related to the medication pursuant to P.A. 451 of 1976-S1178.

**Parent/Guardian Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **AFTER COMPLETING**

Please email a scanned copy to Greenhills Health Services ([healthservices@greenhillsschool.org](mailto:healthservices@greenhillsschool.org)), or mail a physical copy to Greenhills School to the attention of Health Services