



ADMINISTRATION OF MEDICATIONS BY SCHOOL PERSONNEL

Student Name: _____ Date of Birth: _____

PRESCRIPTION MEDICATIONS

Michigan law requires a physician's written order, along with the parent/guardian signature of authorization for administration of all prescribed medications.

- 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.
- The medication in any bottle must be the same medication as stated on the label.
- Any change in prescription medication including a change in dosage or the discontinuation of the medication must be accompanied by a physician's order.

MEDICATION	1.	2.	3.
Dosage			
Times of administration			
Route of administration			
Possible side effects			
May student self-administer?			

Physician Authorization (required for prescription medication)

Physician's Signature _____ Date: _____

Address: _____ Phone: _____

Parent Authorization

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 _____ Date: _____

After completing, please upload this form to Gryphon. You may also email a scanned copy of the form to healthservices@greenhillsschool.org, or send in a signed paper copy with your student.