

Lincoln Consolidated Schools
Administration of Medications by School Personnel

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

Student Name _____ DOB _____ Grade _____ Date _____
 School Year 20____ - 20 _____

	Medication	Dose	Time given	Route*	Side Effects	Self Admin. Epi-Pen or Inhaler? Y or N
1						
2						
3						
4						

*Routes - oral (pill/capsule/chewable/liquid) - inhaled (nebulizer/inhaler) - topical (skin/ear/eye/nose) - injection, other

List special instructions if needed _____

Special Storage Instructions: none _____ refrigerate _____

The student is both capable and responsible for self-administering medication: no _____
 yes-supervised _____ yes-unsupervised _____

Start date (if not beginning of school year) _____ Stop date (if not end of school year) _____

Physician name _____ Phone _____ Fax _____

Physician Address _____

Physician Signature _____ **Date** _____

Authorization of Parent/Guardian concerning the administration of all above medications by school personnel

- 1) No medications will be given without a physician's order (must be signed by the physician).
- 2) All prescription bottles must be labeled by the pharmacy with a current date, student name, medication name and medication strength
- 3) OTC medications must be contained in a labeled, original container.
- 4) Medication in the container must be the same medication stated on the label.
- 5) No medications will be given without a parent/guardian signature.
- 6) Any change in prescription medication including a change in dosage or the discontinuation of the medication must be accompanied by a physician's order.

 Parent/Guardian Signature

 Date