



MEDICATION ADMINISTRATION AUTHORIZATION

Michigan Law requires written orders from the treating physician/licensed prescriber and written authorization from the parent/guardian in order for school staff to administer medications to students in the school setting.

“Medication” refers to any prescription, over-the-counter (OTC), homeopathic, herbal, vitamin, or mineral preparation.

Parents are urged to give medication at home on a schedule outside of school hours, if possible. If it is necessary for medication be provided during school hours, these regulations must be followed:

- Medications must be prescribed in writing by the treating physician/licensed prescriber and must be renewed at least annually, generally at the start of each school year **and** any time medication needs change.
- Medication must be brought to school in the original pharmacy or OTC container labeled with the student’s name and medication name, strength, dosage, route of administration, and time(s) to be given.
- The parent/guardian is expected to deliver medication and related equipment/supplies, as ordered, to the school as needed. Students are not permitted to deliver medication to school.

In order for students to receive school-based services they must have current documentation of a medically based condition.

STUDENT’S NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ TEACHER: _____ GRADE: _____

TO BE COMPLETED BY THE PHYSICIAN:

Medication Name	Dosage	Route	Time & Frequency

Form of medication: Tablet/capsule Liquid Inhaler Injection Nebulizer Other _____

Special instructions/storage requirements: _____

Signs/Symptoms for which medication is being prescribed: _____

Restrictions and/or important side effects: _____

Order Start Date: _____ Order End Date: _____

(If no end date is indicated, medication orders will expire at the end of the current school year).

PLEASE NOTE:

To participate in Medicaid School Services Program, a valid prescription MUST be signed and dated by a physician or other licensed prescriber and include the prescriber’s name, address, telephone number, and NPI number. *Stamped signatures are **not** valid for school-based services.*

Signature: _____ Date: _____

Printed Name: _____ NPI #: _____

Address: _____

Phone: _____ Fax: _____

TO BE COMPLETED BY THE PARENT/GUARDIAN:

I hereby authorize trained school staff to administer the identified medication, ordered by the licensed prescriber, to the child named above. I 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. When necessary, staff may contact the licensed prescriber regarding administration of the medication. I understand that I am responsible for transporting the medication to the child’s school.

Signature: _____ Relationship: _____ Date: _____

Please return completed form to: _____ Fax: _____ Email: _____