



## Saline Area Schools Administration of Medications by School Personnel

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

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_ Date \_\_\_\_\_

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

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

List special instructions if needed \_\_\_\_\_

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

**Physician's Signature** \_\_\_\_\_ Date \_\_\_\_\_

Physician's Printed Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Physician's Address \_\_\_\_\_

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.

I hereby permit a district nurse or other person designated by the Superintendent to administer medications as directed by the physician and/or myself to the above named student and will not hold the Board of Education or its personnel responsible for the complications related to the medication pursuant to P.A. 451 of 1976-S1178. I give permission for the district nurse to communicate with my child's physician regarding this medication if needed.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please feel free to contact one of our district nurses for questions regarding medication administration at school:  
Karan Hervey, RN, BSN, NCSN: (734) 401-4160      Wendy Portwood, RN (734) 401-4390

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