

Medication Authorization

Student's Name _____ Date _____

Date of Birth _____ School _____

Teacher / Counselor _____ Grade _____

Both prescription and nonprescription medications require a completed Medication Authorization form signed by a physician and parent/guardian. If medication is related to a life-threatening health condition, Livonia Public Schools staff will develop an Individualized Health Care Plan in conjunction with the student's physician.

TO BE COMPLETED BY THE PHYSICIAN

Name of Medication _____ Prescription Non-Prescription

Reason for Medication _____

Form of Treatment Tablet / Capsule Inhaler Liquid Injection Nebulizer

Instructions _____

Dosage _____

Time of Day Daily As Needed Emergency Only Other -

If dosage is "as needed" or "emergency only" specify symptoms and limits: _____

Relevant Side Effects _____

Storage Requirements None Refrigerate Other -

Student is capable and responsible for self-possession and self-administering: Inhaler Emergency Meds

Please indicate if you have provided additional information: On the back of this form As an attachment

Physician's Name _____ Phone _____

Address _____ Fax _____

Physician's Signature _____ Date _____

TO BE COMPLETED BY THE PARENT / GUARDIAN

I request that _____ receive the above medication at school according to district policy.
Student's Name

be allowed to self-administer the above medication (inhaler or emergency medication) at school according to district policy.

I authorize school personnel to contact the above physician with questions or concerns relative to this authorization and medication.

Parent / Guardian's Signature _____ Date _____

- NOTES
- ① Medication includes prescription, non-prescription and herbal medications, and includes those taken by mouth, by inhaler, those that are injectable, and those applied as drops to eyes, nose, or medications applied to the skin.
 - ② Medications must be in an appropriately labeled container.
 - ③ This authorization is valid for the current school year only.
 - ④ This authorization must be maintained with the Individual Student Medication Log.
 - ⑤ It will be the student's responsibility to make contact with school personnel for the administration of medication, unless other arrangements have been made by the administrator.