

## 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.