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.

DOB	Grade _		Date				
School Y	′ear 20	20			_ Prescribed	Unprescribed	
	Medic	ation	Dose	Time given	Route*	Side Effects	Self Admin. Epi-Pen or Inhaler? Y or N
1							
2							
3							
4							
Physician	name			Stop	·	Fax	
	n Signature ED IF IT"S P	RESCRIBED N	MEDICATION	· · · · · · · · · · · · · · · · · · ·	Di	ate	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Authorizati 1) N 2) A n 3) C 4) N 5) N 6) A	ion of Parent lo medication Il prescription ame ad medi ITC medication ledication in lo medication ny change in	Guardian cond is will be given in bottles must be ication strength ons must be co the container n is will be given	cerning the acceptance without a phone labeled by contained in a must be the something without a particular and a particular	dministration of a ysician's order (my the pharmacy wind labeled, original came medication strent/guardian signal cluding a change is	nust be signed be the a current date container. Stated on the laborature.	y the physician). e, student name, el.	medication
Parent/Guardian Signature					Date		