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				
						Unprescribed	
	Medication		Dose	Time given	Route*	Side Effects	Self Admin. Epi-Pen or Inhaler? Y or N
1							
2							
3							
4							
Start da	ervised y ite (if not beginnin an name	g of schoo	ol year)	Sto			
Physicia	an Address	· · · · · · · · · · · · · · · · · · ·					
Physician Signature* *REQUIRED IF IT"S PRESCRIBED MEDICA				Date			
Authoriza 1) 2) 3) 4) 5) 6)	ation of Parent/Gua No medications wil All prescription bot name ad medicatio OTC medications r Medication in the c No medications wil Any change in pres must be accompan	rdian concertion to the given whites must be concertion to the concertion must be container must be given we contained the g	erning the ac without a phy e labeled by ntained in a ust be the sa without a par edication inc	dministration of a ysician's order (not the pharmacy which are medication strent/guardian siguluding a change	nust be signed bith a current dat container. Stated on the laborature.	y the physician). e, student name, pel.	medication
Parent/Guardian Signature					Date		