



SCHOOL MEDICATION AUTHORIZATION FORM

Name of Child: _____ Date of birth: _____

Kazoo School Phone: (269) 345-3239

FAX # (269) 345-3235

Michigan School Code 380-1178 allows designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school or maintain or improve the potential for education and learning.

Medication must be in the container in which it was purchased with a pharmacy label attached.

PHYSICIANS ORDER (to be completed by healthcare provider) Only one medication per form

Name of medication/strength of tablet, capsule or liquid _____

This medication is a controlled substance? Yes No

Dosage: _____ How Often? _____

Time to be given at school: _____ Route to be given: _____

Reason for medication/Diagnosis: _____

Possible Side Effects: _____

____ Student has been instructed by physician in self-administration and may carry the inhaler with them

____ Student has been instructed by physician in self-administration and may carry the Epi-Pen with them

Comments:

TO BE COMPLETED BY PARENT/GUARDIAN BEFORE GIVING TO PHYSICIAN

I request that my child, _____, be assisted in taking the above prescribed medication at school by authorized persons. I will comply with the school's policies and procedures. I will notify the school if there are changes in my child's health status, changes in medication or change in health care provider.

I authorize exchange of information between my child's Physician, District Nurse, or site administrator with regard to this medication request

Parent/Guardian Signature

Date

Emergency Phone

Form must be renewed every 12 months or whenever the prescription changes.