

## Saline Area 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.

Student Name			DOB	Teacher	Grade	Date
	Medication	Dose	Time given	Route*	Side Effects	Self Admin. Epi-Pen or Inhaler? Y or N
1						
2						
3						
Start da	ecial instructions if needed ate (if not beginning of schoo <b>ian's Signature</b>	l year)	Stop	date (if not end	of school year)	
Physician's Printed Name				Phone #	Fax #	
Physicia	an's Address					
	<ol> <li>ization of Parent/Guardian of 1) No medications will be get 2) All prescription bottles name and medication st</li> <li>3) OTC medications must be 4) Medication in the contain 5) No medications will be get</li> </ol>	given without must be labely rength. be contained i ner must be t given without	a physician's ord ed by the pharma n a labeled, origin he same medicati a parent/guardia	er (must be sign cy with a curren nal container. ion stated on the in signature.	ed by the physician t date, student nan	n). ne, medication

6) Any change in prescription medication including a change in dosage or the discontinuation of the medication must be accompanied by a physician's order.

I hereby permit a district nurse or other person designated by the Superintendent to administer medications as directed by the physician and/or myself to the above named student and will not hold the Board of Education or its personnel responsible for the complications related to the medication pursuant to P.A. 451 of 1976-S1178. I give permission for the district nurse to communicate with my child's physician regarding this medication if needed.

Parent Signature

Date

Please feel free to contact one of our district nurses for	questions regarding medication administration at school:
Karan Hervey, RN, BSN, NCSN: (734) 401-4160	Kelly Whitley, RN, BSN (734) 401-4390