



**Ann Arbor Public Schools**  
**Medication Administration Form**  
Authorization for Carrying and  
Self-administration of Medication

The Ann Arbor Public Schools require a Physician's written order, the Parent's or Guardian's written authorization, the School Nurse's authorization, the Principal's authorization, and the responsible management of the medication by the student for students to be permitted to carry and self-administer medications including over-the-counter medications.

**PHYSICIAN'S ORDER FOR MEDICATION:**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Diagnosis \_\_\_\_\_

Name of medication(s) \_\_\_\_\_

Time(s) of administration and dosage \_\_\_\_\_

Relevant side effects, if any \_\_\_\_\_

Other suggestions \_\_\_\_\_

The length of time that the medication shall be administered shall be one school year, from September to August. All medication authorizations must be renewed at the beginning of each school year.

\_\_\_\_\_  
Physician Signature                      Date                      School Nurse Signature                      Date

\_\_\_\_\_  
Address    Principal Signature    Date

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I hereby request that my child be permitted to carry and self-administer the above medication at school. I understand that self-medication of medicines at school is contingent upon the permission of the Principal and the School Nurse and the responsible management of the medication by the student. I will notify the school in writing if this medication is to be discontinued. If the administration of the medication needs to be otherwise changed, I will resubmit an Authorization for Carrying and Self-Administration of Medication form.

\_\_\_\_\_  
Parent/Guardian Signature    Date