




Ann Arbor Skyline High School  
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 School Nurse

# ANN ARBOR PUBLIC SCHOOLS

## Skyline High School

ANN ARBOR ~ MICHIGAN

***Skyline Mission:** The mission of Skyline High School is to build and sustain a community that promotes personal connections, inquiry, agile minds, and determination. We nurture these qualities every day in everyone.*

### AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES BY SCHOOL PERSONNEL

The Ann Arbor Public Schools require a physician's written order and the parent's /guardian's written authorization for administration of medicine. (AAPS Medication policy, reviewed 4/2008)

#### PHYSICIAN'S ORDER

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

NAME OF DRUG (S) \_\_\_\_\_ DOSE \_\_\_\_\_

RELEVANT SIDE EFFECTS, IF ANY \_\_\_\_\_

OTHER SUGGESTIONS \_\_\_\_\_

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

\_\_\_\_\_  
 Physician Signature

\_\_\_\_\_  
 Address

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I hereby request that my child be administered the prescribed medication (s) at school by school personnel. I understand that the medication will be administered as directed by the above named physician. I will notify the school in writing of changes or discontinuation of this medication (s).

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

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Date

**Skyline Motto: Agile Minds. Big Hearts. Deep Questions.**