

**ANN ARBOR PUBLIC SCHOOLS  
SKYLINE HIGH SCHOOL  
AUTHORIZATION FOR THE ADMINISTRATION OF NON-PRESCRIPTION  
MEDICATION**

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

**Grade** \_\_\_\_\_ **Medication Allergies** \_\_\_\_\_ / **no known allergies** \_\_\_\_\_

May take the following non-prescription medication(s) at school on an as needed basis.

_____ Tylenol (Non-Asprin)	_____ Chlortrimetron
_____ Ibuprofen 200mg (Motrin, Advil)	_____ Cala-gel (poison ivy/oak)
_____ Neosporin/Bacitracin ointment	_____ Benadryl 25mg (diphenhydramine)
_____ Sterile eye wash	_____ Solarcaine Burn Spray
_____ Calamine lotion	_____ Tums
_____ Other _____	_____ Other _____

I understand that the non-prescription medication(s) will be provided in the original container, which will be kept in the school office or clinic and administered as directed. I will notify the school in writing if this non-prescription medication(s) is to be discontinued. If the administration of the medication(s) needs to be otherwise changed, I will resubmit an Authorization for Administration of Non-Prescription Medication Form. The length of time which medication shall be administered shall be one school year, from August to June. All medication authorizations must be renewed at the beginning of each school year.

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature (if student is a minor)**

\_\_\_\_\_  
**Phone Number**

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Physician Signature/ Phone Number**

-The Ann Arbor Public Schools require parent's or guardian's **and** physician's written authorization to dispense non-prescription medications.  
-Medications kept in the schools for administration to students will be kept in a locked place not accessible to students, unless otherwise authorized by the physician, parent, principal, and school nurse. (AAPS Medication policy 5600, reviewed April 2008)

**Skyline Fax: 734-994-7028**