

**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