ANN ARBOR PUBLIC SCHOOLS
SKYLINE HIGH SCHOOL
AUTHORIZATION FOR SELF-ADMINSTRATION OF PRESCRIPTION MEDICATIONS

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.

PHYSICIAN'S ORDER FOR PERSCRIPTION MEDICATIONS (to be self-administered)

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 which medication shall be administered shall be one school year, from August to June. All mediations must be renewed at the beginning of each school year.

_____ _____
Physician Signature **Address** **Date**

_____ _____
Principal Signature **Nurse Signature** **Date**

I hereby request that my child be permitted to carry and self-administer the above medication at school. I understand that self-administration of medicines at school is contingent upon the permission of the principal and the 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. This notification will include authorization of the physician. If the administration of the medication needs to be otherwise changed, I will resubmit an Authorization for Self-Administration of Prescription Medication form.

_____
Parent/Guardian Signature **Date**