

ATHENS AREA SCHOOLS
ADMINISTRATION OF MEDICATION CONSENT

The State of Michigan Public Act 157 requires that we have written permission from the parent/guardian before administering medication at school.

All medication is to be in a properly labeled container bearing the pharmacist's label of contents for prescription medications or the original for over-the-counter (OTC) medications.

Parent/Guardian and physician must sign the Medication Administration Consent form and provide written instructions which are consistent with prescription directions. **Medications must be hand delivered by the parent/guardian to the school's office.** The parent/guardian assumes the responsibility to inform the building principal or designee of any change in the child's health or change in the medication.

DATE _____ STUDENT'S
NAME _____

DATE OF BIRTH _____ GRADE _____

NAME OF
MEDICATION _____

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ROUTE/TYPE: Tablet/capsule Liquid Inhaler Nebulizer Injection
Other _____

DOSAGE _____ TIME TO BE GIVEN _____ (All
medications will be administered at lunch unless otherwise specified)

REASON FOR
MEDICATION _____

START DATE _____ STOP
DATE _____

RESTRICTIONS OR SIDE
EFFECTS _____

PHYSICIAN
NAME _____ PHONE _____

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**PHYSICIAN
SIGNATURE** _____

Medications brought to school by a student will not be administered.

I request and give permission for (child's
name) _____ to receive the above

medication/treatment at school according to standard school district policy and for the physician and school district staff to share information needed to assist my child with medication needs.

Parent/Guardian

Signature _____ **Date** _____

ASTHMA INHALERS and EPI-PENS

This student has permission to carry his/her (please circle): asthma inhaler Epi-Pen in school following school district policy. He/she has been shown the proper technique for using the inhaler or epi-pen.

PHYSICIAN

SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN

SIGNATURE _____ **DATE** _____