WEST MICHIGAN ACADEMY
OF ENVIRONMENTAL SCIENCE

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SCHOOL MEDICATION ADMINISTRATION AUTHORIZATION FORM

This order is valid only for school year 2023-2024 including the summer session

This form must be completed fully in order for WMAES to administer the required medication. A **new** medication administration form must be completed at the beginning of each school year, for each medication including each time there is a change in dosage or time of administration of medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber
- Non-prescription medication must be in the unopened, original container with the label intact
- An adult must bring the medication to the school
- A PHYSICIAN'S SIGNATURE is needed for BOTH prescription and over-the-counter medication

Parent/Prescriber's Authorization

Student Name: _____Date of Birth: _____Grade:_____

Condition for which medication is being administered:_____

Medication Name: _____Dose _____Route:_____

Form of Medication: ____Tablet/Capsule _____Liquid _____Inhaler _____Other

Time/frequency of administration: _____

Relevant side effects: None expected_____ Yes-(please specify)_____

Medication shall be administered from _____ to _____

Prescriber's Name: _____

Telephone: _____Fax:_____

Prescriber's Address: _____

_____

Prescriber's Signature:_____Date:_____

PARENT/GUARDIAN AUTHORIZATION

I request designated school personnel to administer the medication as prescribed by the above. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I authorize designated school personnel to communicate with the healthcare provider as allowed by HIPAA.

Parent/Guardian Signature:_____Date:_____

Phone Number:
Home:_____Cell:_____Work:_____

SELF-CARRY/SELF-ADMINISTRATION OF MEDICATION AUTHORIZATION APPROVAL

Self-carry/self-administration of medication (including emergency medication) must be authorized by the prescriber

Prescriber's authorization for self-carry/self-administration of medication_____

Parent/Guardian's Authorization for self-carry/self-administration of medication:_____