FOREST HILLS PUBLIC SCHOOLS

Grand Rapids, Michigan

MEDICATION AUTHORIZATION FORM

This form should be completed when a student requires daily medication administration or an over-the-counter as needed medication during school hours. Please remember all medications must be brought to school by a parent/guardian/adult and be in its original container. This form is **NOT** for emergency medications such as metered-dose inhalers and emergency injectable/nasal medications. Emergency medications require an Emergency Action Plan (EAP). All forms can be found on the district website or in your school building.

Student ______________________________ Date of birth ______________

Grade _____ School/Teacher ______________________ School Fax ______________

Name of medication: ______________________________

Reason for medication: ______________________________

Method of administration:

❑ Tablet/Capsule ❑ Liquid ❑ Inhaler ❑ Injection ❑ Nebulizer ❑ Other __________

Dose: ______________ Frequency: ______________ Time(s): __________

Start date: ______________ Stop date: ______________ (if applicable)

Should the school be aware of any adverse reactions or precautions? ______________________________

Special storage requirements: ❑ None ❑ Refrigerate ❑ Other ______________

Self-Administering Medications only

7th/8th grade over-the-counter medications only!

9th thru 12th grade over-the-counter and prescription medications!

This student is both capable and responsible for self-administering this medication:

❑ No ❑ Yes - supervised ❑ Yes - unsupervised

This student may carry one dose of this medication on him/her: ❑ Yes ❑ No

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For all prescription medications, a physician signature is required.

Signature of Health Care Provider: ______________________ Phone: ______________

Printed name of Health Care Provider: ______________________ Fax: ______________

I request FHPS to administer the above medication as prescribed according to the standard school policy.

______________________ ______________________ __________

Parent/Guardian Signature Relationship Date