



The New Standard Academy

2040 West Carpenter Road || Flint, MI 48505 || (810) 787-3330

Authorization to Administer Medication at School

REQUIRED for **ALL** Medication

Student's Name: _____ Date of Birth: _____ Grade: _____

Teacher (K-6th): _____ First Hour Teacher (7th/8th): _____

****To be completed by physician or authorized personnel****

Name of Medication(s): _____

Reason for Medication (Optional): _____

Form of Medication/Treatment: Tablet/Capsule Liquid Inhaler Injections Nebulizer Other

Instructions (frequency/time and dose to be given at school) _____

Per administrative discretion, select cases may be reviewed and permission granted to self-administer medication with administration, physician, and parent approval and per school policy:

No Yes (Supervised) Yes

This student may carry and self-administer their inhaler, per school policy: Yes No

This student is capable and responsible to carry and self-administer an epi-pen/epinephrine auto injector, per school policy: No Yes

Start: Date form received Other dates: _____

Stop: End of school year Other date/Duration: _____

For episodic/emergency events only

Restrictions and/or important side effects: None anticipated Yes

If "Yes", please explain: _____

Special storage requirements: None Refrigerate Other

Please indicate if you have provided additional information:

On the back of this form As an attachment

Physician's Signature: _____ Date: _____

Physician's Name: _____

Phone Number: _____ Fax: _____

****To be completed by physician or authorized personnel****

I request that (student's name) _____ receive the above medication at school according to standard school policy.

I give permission for exchange of verbal and written communication between the physician and designated school staff regarding my child's medication regimen. I request that my child be assisted in taking the medicine(s) described above at school by authorized persons or permitted to mediate herself/himself as also authorized by me and the physician.

Parent Signature: _____ **Date:** _____

Phone #1: _____ **Phone #2:** _____