

**FARWELL AREA SCHOOL
MEDICATION AUTHORIZATION FORM**

Michigan law requires that a physician's written order and parent/guardian authorization be on file for all prescriptions and non-prescription medication before the medicine will be administered at school. Medication must be brought to school in the original bottle. Medication in a prescription bottle with a pharmacy label does not require a physician signature on this form.

PHYSICIAN'S ORDER

Student
Name _____ DOB _____

Medication _____

Condition for which drug is being administered _____

Amount of medication _____

Time (s) of administration _____

Possible side effects _____

Length of time medication shall be administered
From _____ To _____
(Date) (Date)

Physician Signature _____ Date _____

Physician's name, address, and phone number (please print)

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PARENT/GUARDIAN AUTHORIZATION

I request that school personnel give my child _____ the medication ordered above by his/her physician and will not hold the Board of Education or its personnel responsible for complications related to the medication pursuant to PA 380.1178.

Parent/Guardian Signature _____ Date _____