



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)

Special storage requirements: None Refrigerate Other

Self-Administering Medications only!

7th thru 12th grade: form must be signed by parent and student may carry one dose of over-the-counter medication, in its original container.

9th thru 12th grade: form must to be signed by parent and physician as well as need permission from district nurse to carry any prescription medications. If permission is given, student may carry one dose in its original container.

This form is NOT for emergency medications!

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