Gibraltar School District -- Nursing Services, 19370 Vreeland, Woodhaven, MI 48183
Phone: (734) 379-6365 **Fax:** (734) 379-6366

CARLSON HIGH SCHOOL
PERMISSION TO ADMINISTER MEDICATION
2018-2019

STUDENT: _____ BIRTHDATE: _____

TEACHER: _____ GRADE: _____

I hereby request that my child be administered his/her prescribed medication by the designated school personnel. I understand that the medication will be administered per the physician's order as outlined below. I understand that a doctor's signature, dosage and frequency are mandatory for prescription medications as well as for over-the-counter medications. I understand that medication will only be administered from the original prescription container with this child's name indicated. (Over the counter medications must be in their original container and labeled by the parent with the child's name and instructions.) I will provide a new PTAM form if any changes or discontinuation of any medication is needed. I give the school nurse permission to discuss or clarify the following order with my child's physician.

Signed: _____Date:_____
(Parent or Legal Guardian)

Home Phone: _____Work Phone: _____

For Inhalers and/or Epi Pens: ☐ Student May Self-Carry ☐ Student May Self-Administer

I request my child be allowed to carry his/her Inhaler and/or Epi Pen (Circle which is applicable to use as needed at school as ordered by his/her physician.

I agree to ensure that my child will carry the above mentioned medication in a responsible manner. Misuse may revoke these privileges.

Signed: _____Date: _____
(Parent or Legal Guardian)
Signed: _____Date: _____
(Child)

PHYSICIAN'S DIRECTIONS

1. **Name of Medication**: _____Dosage: _____

Frequency: _____Route: _____

Reason for medication, symptoms: _____

2. **Name of Medication**: _____Dosage:_____

Frequency: _____Route: _____

Reason for medication, symptoms: _____

Physician's (Printed) Name: _____ Ph. #: _____

Physician's Signature: _____Date: _____

_____Any medication not picked up by the parent at the end of the school year will be disposed of properly.
(Parent's initials)