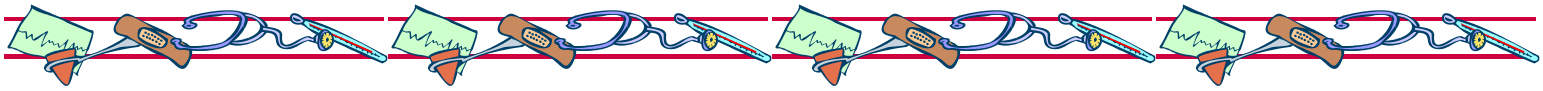

Gibraltar School District -- Nursing Services, 19370 Vreeland, Woodhaven, MI 48183
Phone: (734) 379-6365 **Fax:** (734) 379-6366

LAKESHORE VIRTUAL SCHOOL

PERMISSION TO ADMINISTER MEDICATION

2019-2020

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 a new unopened 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 and strength of Medication**: _____Dosage: _____

Frequency: _____Route: _____

Reason for medication, symptoms: _____

2. **Name and strength 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)