Ann Arbor Public Schools
Over-The-Counter Medication Administration
For HIGH SCHOOL STUDENTS
Authorization for the Administration of Medications
By School Personnel

The Ann Arbor Public Schools require a PHYSICIAN'S WRITTEN ORDER and the parent/guardian's written authorization to dispense non-prescription medicines.

STUDENT NAME: _____ DATE: _____

GRADE: _____ MEDICATION ALLERGIES: _____

The length of time which medication shall be administered shall be one school year, from August to June. All medication authorizations must be renewed at the beginning of each school year.

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My child may take the following non-prescription medication(s) at school on an as needed basis.

☐Tylenol (acetaminophen)
☐Ibuprofen (Advil-Motrin)
☐Antibiotic Ointment
☐other (please list)_____

☐Tums
☐Cough Lozenges
☐Benadryl 25 mg
☐other (please list)_____

I hereby request that my child be administered the above non-prescription medication(s) at school as directed above. I understand that non-prescription medication(s) will be administered as directed by manufacturer label unless otherwise directed by physician. I will notify the school in writing if this medication(s) is to be discontinued. If the administration of the medication(s) needs to be otherwise changed, I will resubmit an Authorization for the Administration Over-The-Counter Medication Administration Form.

Medication will be administered no more than 2 times/month without parent or physician consultation**.**

_____ Phone #: _____Date: _____
Parent/Guardian Signature (if student is a minor)

_____Phone #: _____Date: _____
Physician Signature REQUIRED (per AAPS Medication Policy)
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