

Wayne - Westland Community Schools

Medication Authorization Form

When medication is a necessity during school time, administration of the medication by school personnel requires physician direction. This must be renewed each school year.

Student Name: _____ D.O.B.: _____

School: _____ Teacher: _____ Grade: _____

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TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER

Name of medication: _____

Reason for medication (optional): _____

Form of medication/treatment:

☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer

☐ Other: _____

DOSE/TIME (to be given at school)

Restrictions and/or important side effects: ☐ None anticipated

☐ Yes, Please describe: _____

Special Storage requirements: ☐ None ☐ Refrigerate

Other: _____

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Physicians Name: _____

Address: _____

City _____ State _____ Zip: _____

Phone Number: (_____) _____

STAMP OF EXAMINING PHYSICIAN:

Date: _____ Signature: _____

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To be completed by parent/guardian:

I request that (name of child) _____ receive the above medication at school according to standard school policy.

Date: _____ Signature: _____ Relationship: _____

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To be completed by school office:

Date Form Received: _____

Date Medication Received: _____



Health Services Department
36745 Marquette, Westland, MI 48185
Phone: (734) 419-2068 Fax: (734) 595-2081

Dear Parent/Guardian:

We recognize the fact that certain medications are necessary and may have to be taken at prescribed hours of the day. However, in many instances, medication time(s) can be adjusted around school hours. When medication is a necessity during school hours, the Medication Authorization Form (on reverse side) must be completed by the student's physician, the parent/guardian and then returned to the building principal.

The state legislature passed a law, Public Act 451 of the Public Acts of 1976 section 380.1178 which states:

Section 1178: "A school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult pursuant to written permission of the pupil's parents or guardian and in compliance with the instructions of a physician, is not liable in a criminal action or any civil damages as a result of the administration except an act or omission amounting to gross negligence or willful and wanton misconduct."

If you have any questions regarding our policies, do not hesitate to contact your building principal or Health Services at (734) 419-2068.

Charles D. Hallman
Senior Executive Director
Special Education

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