

Kenwood Elementary School
Phone: 248.655.3838
Fax: 248.655.3802

Clawson Public Schools
AUTHORIZATION FORM FOR
PRESCRIBED MEDICATION
ELEMENTARY SCHOOLS
(one form per prescription)

Schalm Elementary School
Phone: 248.655.4949
Fax: 248.655.4947

To be completed by the parent/guardian

Student: _____

Date of Birth: _____

Grade: _____ Age: _____

Teacher: _____

I request that _____ receive the prescribed medication at school according to standard school policy which I have read.

- I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability, foreseeable or unforeseeable, for damages or injury resulting directly or indirectly from this authorization.

Signature of Parent/Guardian: _____ Relationship: _____ Date: _____

To be completed by the physician or authorized prescriber

Name of medication: _____

Reason for medication: (Optional) _____

Exact Dosage/Frequency: _____

Form of medication/treatment:

Tablet/capsule Liquid Inhaler Nebulizer Injection Other _____
_____ on person _____ in office

Instructions: _____

Start Date: _____ Stop Date: _____

Restrictions and/or important side effects: _____

Special storage requirements: _____ None _____ Refrigerate _____ Other _____

Physician's Signature: _____ Date: _____

Physician's Name: _____

Address: _____

Phone Number: _____

School Based Medical Disorder Management Plan

To be completed by Physician

Student Name: _____ Birth Date: _____ School: _____

Medical Disorder Type: _____

Date of last incident: _____

What happens during the incident? _____

Warnings or behavior changes before incident occurs? _____

Limitations in school related activities: _____

Medications taken for condition (if any): _____

*** ACTION FOR MINOR REACTION ***

1. If symptom(s) are: _____

Physician's Instructions: _____

2. Then call: Parent/Guardian: _____ Daytime phone number _____

If unable to contact Parent/Guardian call:

Emergency Contact: _____ Daytime phone number _____

*** ACTION FOR MAJOR REACTION ***

1. If symptom(s) are: _____

Physician's Instructions: _____

Then call: Parent/Guardian: _____ Daytime phone number _____

If unable to contact Parent/Guardian call:

Emergency Contact: _____ Daytime phone number _____

Even when not included in instructions, staff may make a decision to call 911 for an emergency situation

Physician's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____