Gull Lake Community Schools

Medication Prescriber-Parent Authorization Form

Student Name:_____Birthdate:_____Teacher:_____Grade:_____School Year: _____

To be completed by physician/licensed prescriber unless an over the counter as needed medication

	Medication Name	Dose	Time to be given	Form/Route*	Side Effects	Adverse Reactions
1.						
2.						

*Routes: oral *(pill/capsule/chewable, liquid)*; inhaled *(inhaler, nebulizer)*; topical *(eye drop, ointment)*; topical ear drops, injection, other *(list)*

List minimal frequency between doses (especially if p.r.n.): _____

If p.r.n., list symptoms/conditions under which medication is to be given: _____

Reason for medication (optional): Medication #1 _____ Medication #2 _____

Special Instructions: _____

Start date if not beginning of the school year: _____ Stop date if not the end of the school year: _____

_____ Physician's Signature

_____ Date

_____ Physician's Printed Name

Physician's Phone #: _____ Fax: _____ Address: _____

To be completed by parent/guardian:

I request and give permission for (name of child)_____to receive the above medication(s) at school according to standard school district policy and for the physician('s)/staff and school district staff to share information needed to assist my child with medication needs. (schools require parent/guardian to bring medication in its original container).

_____ Parent/Guardian Signature

_____ Date

Gull Lake Families,

The Medication Prescriber/Parent Authorization form, on the reverse side of this letter, is to be completed when your child has medication (prescribed or over the counter) to be administered at school. According to district policy and Michigan state law, Gull Lake Community Schools cannot administer medication to your student unless this form is completed properly and the following conditions are met:

- Do not send in homemade notes, as this does not meet all the necessary requirements to fulfill district policy and state law.
- A new Medication Prescriber/Parent Authorization form is required every school year.
- All medication (prescribed or over the counter) should not come to school in your child's backpack. The parent/guardian must deliver medication to the school office.
- Medication cannot be stored on school property over the summer. All medication must be picked up at the end of the school year by parent/guardian.

Prescription Medication:

- The prescribing physician must complete and sign this form for any prescription drugs, creams, drops, etc. before it can be administered to your student at school.
- Please return this form with both the physician's and your signature and the medication to the school office.
- Medications must come in the original container and match the prescribing information on this form (name of student, name of medication, route, dose, time or frequency of administration).
- Permission from the physician, parent and district school nurse must be obtained before a student can self-carry and self-administer inhalers and EpiPens at school.

Over-the-Counter Medication:

- This form can also be used for over-the-counter medication such as cough drops, cold medicine, Tylenol, etc.
- Over-the-counter medication only requires the parent/guardian signature and does not need to be completed by a physician.
- Over-the-counter medication must be brought to school in the original container by the parent or guardian.

If you are in need of additional forms, please call the school or stop by the office. It is also available to print off the district website at www.gulllakecs.org under departments, school nurse.

Thank You,

Megan Asper, R.N.
District School Nurse
Gull Lake Community Schools