

# Medication Form 2013

## WEST BLOOMFIELD SCHOOL DISTRICT

Permission Form for Prescribed or Over the Counter Medication  
Including Self Administration and Self-Possession of Medications

It is the policy of the West Bloomfield School District, in compliance with Compiled Laws Section 380.1178 to have written authorization for a student to take prescribed or over the counter medication during the school day. This information will be handled in a confidential manner.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

My child has Physician permission to take the following Over-the-Counter (OTC) Medications. Circle all that apply.

- |                     |                   |                 |
|---------------------|-------------------|-----------------|
| Acetaminophen       | Antihistamine     | Antacid         |
| Antibiotic ointment | Benadryl          | Calamine Lotion |
| Cough Suppressant   | Decongestant      | Ibuprofen       |
| Imodium             | Topical Analgesic |                 |

\_\_\_\_\_ This student does not take any prescribed medication and will not take any Over the Counter (OTC) medications

\_\_\_\_\_ This student takes medication as follows, including any OTC not listed above:

**Name of medication:** \_\_\_\_\_ **Dosage** \_\_\_\_\_

Specific time(s) taken \_\_\_\_\_ Reason for taking \_\_\_\_\_

Student is both capable and responsible for:  
Self-administering this medication \_\_\_ No \_\_\_ Yes-Supervised \_\_\_ Yes-Unsupervised

**Name of medication:** \_\_\_\_\_ **Dosage** \_\_\_\_\_

Specific time(s) taken \_\_\_\_\_ Reason for taking \_\_\_\_\_

Student is both capable and responsible for:  
Self-administering this medication \_\_\_ No \_\_\_ Yes-Supervised \_\_\_ Yes-Unsupervised

**Name of medication:** \_\_\_\_\_ **Dosage** \_\_\_\_\_

Specific time(s) taken \_\_\_\_\_ Reason for taking \_\_\_\_\_

Student is both capable and responsible for:  
Self-administering this medication \_\_\_ No \_\_\_ Yes-Supervised \_\_\_ Yes-Unsupervised