

## Lake Michigan Academy Medication Self-Carry Form B Non-Prescription Medications

| Student's Name:                           |   |                         |  |
|---|---|-------------------------|--|
|   | Last Name   | First Name              | Middle Initial   |
| Student's Date of Birth                   | :   |                         |  |
| Start Date:                               | Date: End Date:                                     |                         |  |
| This student may carry a                  | and self-administer no r                            | nore than (1) one dos   | e of each of the   |
| over-the-counter medica                   | tion(s) listed below.                               |                         |  |
| <ul><li>Acetaminophen (Tylenol)</li></ul> |   | Dosage:                 |  |
| □ lbuprofei                               | n (Motrin)  | Dosage:                 |  |
| □ Calcium                                 | Carbonate (Tums)                                    | Dosage:                 |  |
| □ Naproxen (Aleve)                        |   | Dosage:                 |  |
| □ Other:                                  |   | Dosage:                 |  |
| □ Other:                                  |   | Dosage:                 |  |
| □ Other:                                  |   | Dosage:                 |  |
|   | ase allow him/her to sel<br>this student may need a | f-carry it during schoo | m (both correct technique of hours or activities. In the cool staff member in the      |
| Signature of Healthcare Provider          |   | <br>Date                |  |
| to self-administer this me                | edicine at school. I und                            | erstand that my child a | rry and, when applicable,<br>and I assume responsibility<br>ckup medication to be kept |
| • •                                       | e Michigan Academy ar                               | nd their agents and en  | nployees from any and all  |
| Signature of Parent / G                   | uardian   | Da                      | ate  |

\*\*\*Continued on the Back\*\*\*

| Student: I am capable of carrying this medicine as recommended and accept this responsibility. I will keep it secure at all times and will not share it with others. I understand that I will be subject to disciplinary actions if medications are shared. I will inform an adult when medication is used. |                                       |  |  |  |
|---|---------------------------------------|--|--|--|
| Signature of Student  | Date                                  |  |  |  |
| School Administrator: I have reviewed this request and agree that this  | s student should be capable of safely |  |  |  |
| self-carrying and, when applicable, self-admini   |                                       |  |  |  |
| Signature of School Administrator   |                                       |  |  |  |