



ST. ANTHONY OF PADUA  
CATHOLIC COMMUNITY  
ALL ARE WELCOME

**MEDICATION ADMINISTRATION FORM AND DIRECTIONS**

Date \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Emer. Phone-Home/Cell \_\_\_\_\_

Parent/guardian \_\_\_\_\_ Work \_\_\_\_\_

I hereby request and authorize school personnel to administer my child's prescribed medication as directed by our doctor or over-the-counter medications (including Tylenol, aspirin-related products and cough drops) as directed by parent/guardian.

**"Administration of medication to pupil: liability**

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 parent or guardian and in compliance with the instructions of a physician is not liable in a criminal action or for civil damages as a result of the administration except for an act or omission amounting to gross negligence or willful and wanton misconduct."

Michigan Compiled Laws, 1982 (380.1178)

Signed \_\_\_\_\_  
(Parent or Guardian)

**DOCTOR'S ORDERS**

You are hereby directed to give to \_\_\_\_\_  
(Name of Child)

his/her medication (name) \_\_\_\_\_

in the amount of \_\_\_\_\_ tablets/capsules at \_\_\_\_\_ a.m./p.m.

daily, or as follows \_\_\_\_\_

Duration \_\_\_\_\_

Possible side effects \_\_\_\_\_

Signature \_\_\_\_\_ Telephone # \_\_\_\_\_  
(Physician - if prescribed medication)

Print or Type Name \_\_\_\_\_

**IMPORTANT:** The medication must be sent directly from the pharmacy or physician's office or brought to the school by the parent.

Date \_\_\_\_\_