



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(s).

Date _____