

CLARENCEVILLE SCHOOL DISTRICT

Administering Medicine to Students

Dear Parents and Physician:

It is the policy of the Clarenceville School District, in compliance with Michigan Compiled Laws Section 380.1178, to have written authorization for a student to take prescribed medication during the school day. This information will be handled in a confidential manner. Authorization is good for one school year only.

PARENT AUTHORIZATION

Student's Name

Date of Birth

School

Grade

Authorization is hereby granted school personnel to administer/provide medication to the above named student in accordance with the following physician's directive.

Signature of Parent/Legal Guardian

Date

PHYSICIAN AUTHORIZATION

Prescription(s)

1. Name of medication Dosage Reason for medication To be given at (state time/hour) From (date) to (date) Comments regarding medication (adverse reactions, precautions, etc.)

2. Name of medication Dosage Reason for medication To be given at (state time/hour) From (date) to (date) Comments regarding medication (adverse reactions, precautions, etc.)

In case of emergency call:

Signature of Physician

Date

Print name of physician

Address

Phone

File: meds.ltr