



Church and School
 6580-24 Mile Road
 Shelby Twp., MI 48316
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 www.peaceshelby.org

STUDENT MEDICATION FORM

When a student takes medication during school hours, the State of Michigan requires that the school have on file written permission from the parent before administering medication. The school is also to have a physician's instruction on the pharmacy label indicating dosage, intervals and precautions which need to be taken.

This form must be completely filled out and on file in the school office before any medication will be administered. The school must be notified in writing from the physician of any changes in medication. This form must be renewed at the beginning of each school year.

The parents must deliver medicines to the school office where it will be stored and administered.
Medication containers must have original pharmacy label with instructions clearly exposed.

Student's Name _____

Medication _____

RX:

Time of Day/Intervals _____

Dosage _____

Reason for administering:

_____ Date Medication Begins

_____ Date Medication Ends

_____ Physician's Name

_____ Telephone

I hereby request school personnel to supervise the administration of the medication listed above to my child, also named above.

Accordingly, I assume all responsibility regarding this matter and hereby release Peace Lutheran School, it's personnel and governing administrative bodies, from any and all liability as to injuries or ill effects of any kind which may be caused thereby, including those ill effects caused by school personnel failure to remind students to take the prescribed medication and to monitor it's dosage.

_____ Signature of the Parent/Guardian

_____ Date

_____ Address

_____ Home Telephone

_____ Work Telephone

_____ Employment Hours