

CALHOUN CHRISTIAN SCHOOL

MEDICATION ADMINISTRATION CONSENT FORM

The State of Michigan Public Act 157 requires that we have written permission from the parent/guardian before administering medication at school.

All medication is to be in a properly labeled container bearing the pharmacist's label of contents for prescription medications or the original for the over-the-counter (OTC) medications. Parents and physician must sign the Medication Administration Consent Form and provide written instructions which are consistent with prescription directions. **Medications must be hand delivered by the parent/guardian to the school's office.** The parent/guardian assumes the responsibility to inform the Administrator or Designee of any change in the child's health or change in the medication.

DATE: _____ STUDENT'S NAME: _____

DATE OF BIRTH: _____ GRADE: _____

NAME OF MEDICATION: _____

ROUTE: TABLET/CAPSULE INHALER NEBULIZER OTHER

DOSAGE: _____ TIME TO BE GIVEN: _____

(All medication will be issued at lunch unless otherwise specified)

REASON FOR MEDICATION: _____

START DATE: _____ STOP DATE: _____

RESTRICTIONS OR SIDE EFFECTS: _____

PHYSICIAN NAME: _____ PHONE: _____

PHYSICIAN'S SIGNATURE: _____

Medications brought to school by a student WILL NOT be administered.

I request and give permission for _____ (child) to receive the above medication/treatment at school according to standard school policy and for the physician and school staff to share information needed to assist my child with medication needs.

Parent Signature

Date

ASTHMA INHALERS

This student has permission to carry his/her asthma inhaler in school following school policy. He/she has been shown the proper technique for using the inhaler.

PHYSICIAN'S Signature

Date

Parent Signature

Date