



# CALHOUN CHRISTIAN SCHOOL

*Academic excellence, upholding God's truth, challenging children to serve.*

## 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** \_\_\_\_\_