



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 prescribed or over the counter. For prescriptions, 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 School Year Teacher/Classroom

Name of Medication Reason for taking medication

** Time of day to be given ** Dosage to be given

Date Medication begins Date Medication ends [] Yes [] No Refrigeration needed

Reason for administering: _____

Physician's Name Physician's 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 Immanuel Lutheran School its 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 its dosage.

Signature of Parent _____ Dated _____

Signature of School Personnel _____ Dated _____

** If medication is only given when necessary, please describe below (i.e. gym, allergy season) _____