



CALHOUN CHRISTIAN SCHOOL

Academic Excellence | Upholding God's Truth | Teaching Children to Serve

Medication Administration Consent

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 ADMINISTERED: 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 _____