

## PERMISSION TO GIVE MEDICATION AT SCHOOL



\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of School

The Charlevoix School District requires that all students who need medication during school hours must do the following:

1. Present a written consent signed by the parent or legal guardian.
2. Bring the medication in the original prescription bottle, properly labeled by a registered pharmacist with name of student, name and dose of medicine, time of administration, and date of issue.

### TO BE COMPLETED BY PHYSICIAN

Name of Medication \_\_\_\_\_

Size of tablet (mg) \_\_\_\_\_ or if liquid (mg/tsp) \_\_\_\_\_

Specific times and doses to be given at school \_\_\_\_\_

Specific times to be given at home \_\_\_\_\_

Length of time medication is to be administered \_\_\_\_\_

Are there any restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what and how long? \_\_\_\_\_

\_\_\_\_\_  
Printed Name of physician

\_\_\_\_\_  
Signature of physician

\_\_\_\_\_  
Date of prescription

### TO BE COMPLETED BY PARENT

I give permission for my child, \_\_\_\_\_, to receive the above medication as directed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Daytime Phone Number