

Clare Public Schools

201 E. State St., Clare, MI 48617

PHYSICIAN'S AUTHORIZATION FOR MEDICATION AT SCHOOL

This authorization applies to ALL Medication – Prescription and Non-Prescription Drugs

The Clare Public Schools do not have medical personnel present on a regular basis to administer medication/treatment. If appropriate, please order medication/treatment to be administered at home. Medications can only be present and administered at school when this completed form is submitted.

Name of Child: _____ Birthdate: _____

School: _____ Grade: _____

Physician's Orders:
(To be completed by physician)

Medications must be in original container

Name of Medication _____ Order Expires: _____

Dosage (Mg., cc., puffs) _____

How Often? _____ If prn, allowable frequency _____

Form of Medication: pill/capsule liquid inhaler nebulizer injection topical

Time to be given at school _____ Time to be given at home _____

Unusual side effects or comments _____

The parent has agreed to supply this medication to the school as needed. Should the student manifest any of the above symptoms which may be caused by the medication, I understand that the parent will be contacted.

Physician's Name

Physician's Signature

Phone

Date

PARENT/GUARDIAN PERMISSION

I hereby request that my child (named above) receive medication during school hours. I authorize school personnel to consult with the above physician regarding my child's health condition/medication.

Parent/Guardian Signature

Phone

Date