

**Thornapple Kellogg Schools
Middleville, Mi 49333**

Administering Medicines to Students

Note: Whenever possible, medicine should be given to students while at home and every effort should be made to avoid having students take medicine during school hours. When that is not possible, the school system will administer medications to students within School Board guidelines.

To Be Completed by Parent or Guardian:

I request that _____ in grade _____
(student's name)

receive the medicine prescribed by our physician as described on the lower portion of this form. The medicine is to be provided by me and dispensed and/or administered according to Board of Education Policy and administrative regulations. I understand that the Thornapple Kellogg School System is providing a service for me and does not assume any responsibility for dispensing and/or administering the medicine.

Parent/Guardian Signature _____ **Date** _____

Physician's Name _____ **Phone #** _____

Telephone number for emergency notification: _____

To Be Completed by Physician:

I request that my patient _____ receive medicine in accordance with the conditions described below:

Condition requiring medicine: _____

Name of medicine: _____

Prescribed dosage and means of administration: _____

Time to be taken during school hours: _____

Expected duration of treatment: _____

Possible side effects and adverse reactions: _____

Other recommendations: _____

Physician's signature: _____ **Date:** _____

(a copy of this form is to be kept with the medicine)