

Schoolcraft Learning Community Health Services
Medication Form

Student Name: _____ Grade _____

Parent/Guardian: _____ Phone _____

Prescription Medications:

Parents/Guardians of students requesting prescription medications to be given to their child during school hours by school staff are required to provide the school with the following:

1. The doctor's order (one of the following meets the requirement).
 - a. Note from doctor
 - b. Copy of the prescription
 - c. Order section of this form filled out by doctor
2. Written parent consent for school to give medication to their child.
3. Medication supplied in the original pharmacy labeled bottle.

Physician Order (copy of prescription may be attached here)

I have prescribed the following medication for this child and request it be given during school hours.

Medication: _____ **Dosage/Time:** _____

For Treatment of: _____

Special Instructions/possible side effects: _____

Physician Signature: _____ **Date:** _____

Parent Request for Administration of Prescription Medications

_____ I request this prescription medication be given as prescribed by the doctor.

Parent Request for Administration of Non-Prescription Medication

_____ I request this non-prescription medication be given to my child. (Please include the medication in the original manufacturer's package labeled with your child's name.

1) Name of Medication: _____ Dosage/Time: _____

For Treatment of: _____ For How Long: _____

2) Name of Medication: _____ Dosage/Time: _____

For Treatment of: _____ For How Long: _____

Parent/Guardian Signature: _____ **Date:** _____

New forms must be submitted each school year. Medications are given by persons designated by the school.