

SACRED HEART ACADEMY
1200 DAYTON SW
GRAND RAPIDS, MI 49504
Phone: (616) 459-0948
FAX: (616) 459-0899

MEDICATION ADMINISTRATION FORM AND DIRECTIONS

Date _____

Name of Child _____

Date of birth _____

Address _____ Emergency Tel.No. Home _____

Work _____

I hereby request and authorize school personnel to administer my child's prescribed medication as directed by our doctor.

"Administration of medication to pupil; liability.

A school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult pursuant to written permission of the pupil's parent or guardian and in compliance with the instructions of a physician is not liable in a criminal action or for civil damages as a result of the administration except for an act or omission amounting to gross negligence or willful and wanton misconduct."

Michigan Compiled Laws, 1982 (380.1178)

Signed: _____
(Parent or Guardian)

DOCTOR'S ORDERS

You are hereby directed to give to _____
(Name of Child)

his/her medication (name)

in the amount of _____ tablets/capsules at _____ a.m./p.m.

daily, or as follows: _____

Duration _____

Possible side effects _____

Signature _____ Tel.No. _____
(Physician)

Print or Type Name _____

IMPORTANT: The medication must be sent directly from the pharmacy or physician's office or brought to the school by the parent.

Date: _____