

OUR LADY OF CONSOLATION SCHOOL
Medication Administration Form and Directions
2021-2022

Date _____

Name of Child _____ Date of Birth _____

Address _____

Parent/Guardian _____

Phone (home) _____ (work) _____

I hereby request and authorize school personnel to administer my child's prescribed medication as directed by our doctor. **IMPORTANT:** The medication must be sent directly from the pharmacy or physician's office or brought to the school by the parent.

*"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)

The following medication (name) _____

in the amount of _____ tablets/capsules at _____ am pm daily _____,

or as follows:

Duration:

Possible side effects:

Signature _____ Phone _____

(Physician)

Print or type name _____ Date
