

Central Montcalm Public Schools
Administration of Medication/ Treatment Form

Student's Full Legal Name: _____

Gender: _____ Current Grade/ Building: _____ Date of Birth: _____

TO BE COMPLETED BY A PHYSICIAN:

(For prescription and over-the-counter medications.)

Name of Medication: _____ Dosage: _____

Instructions for taking the medication: *(Also adverse reactions to report immediately)*

School Year: _____ Beginning Date: _____ Ending Date: _____

Can the student self-administer the medication/ treatment in the presence of an authorized employee? Yes____ No____
If applicable, can the student carry in his/her possession and self-administer an Inhaler? Yes____ No____

Physician's Name (please print): _____

Physicians' Signature: _____ Date: _____

Physician's Phone: _____ Physician's Fax: _____

TO BE COMPLETED BY A PARENT/GUARDIAN:

1. I request that (name of student) _____ be given this medication or treatment listed above in accordance with the physician's orders.
2. I will assume responsibility for safe delivery of the medication to and from school.
3. I will notify the school immediately if there is/are any change(s) to the use of the medication/treatment and provide a written physician's statement with the changes noted.
4. I release and agree to hold the Board of Education, its officials, its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.
5. I will train all authorized staff members on the use of this medication/ treatment.

I give permission for Central Montcalm PS to contact my son/daughter's physician if any question/ concern arises regarding the administration of this medication and or their current medical condition.

Parent/ Guardian's Signature: _____

Home Phone: _____ Cell Phone: _____

Note: In case of serious illness or injury, the school will contact the parent and EMS. If it becomes medically necessary, the child will be transported directly to the nearest hospital and the parent/ guardian assumes all financial obligations for the same.