

Muskegon Catholic Central School

2016-2017 Student Medication Authorization Form

(Please list the names of all of your children that may receive the same medication and dispense instructions noted below)

Student Name #1 _____

Student Name #2 _____

Student Name #3 _____

POLICY STATEMENT

Muskegon Catholic Central School acknowledges that certain students may require prescribed and/or non-prescribed medications during the school day to function as near to their potential as possible. We also realize that the administration of medication by the parent, guardian or the child, or appropriate medical authorities, is not always possible at the prescribed time during the day. In an attempt to accommodate parents when such situations arise, school personnel may administer medication to a pupil with written permission from the pupil's parents or guardian, in compliance with the instruction of the physician, and in the presence of another adult. **All medication must be in the original container that is appropriately labeled by the retailer, pharmacy, or physician.**

PARENT / GUARDIAN AUTHORIZATION

Because it is impossible for me to administer medication to my child at the time it needs to be taken, I hereby request assistance for the staff of Muskegon Catholic Central to dispense medication required during school to my child, _____.

PRESCRIPTION DRUGS ONLY

The medication has been prescribed by Dr. _____

Physicians Telephone number: _____

STUDENT MEDICATION AUTHORIZATION

I hereby absolve Muskegon Catholic Central School and its employees of all liability in connection with the administration of the medication and all responsibility in case of theft.

It is the student's responsibility to come to the main office at the appropriate time to pick up the medication.

Name of Medication _____

Dosage _____ Frequency _____

Time of Administration _____

Anticipated Duration _____

Parent / Guardian Name (please print)

Date

Parent / Guardian Signature

Parent/Guardian Telephone Number