

Montabella Elementary
1456 East North County Line Rd.
Blanchard, MI 49310
Phone: 989-427-5414
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Permission Form for Medication

The following form must be filled out completely and signed by a physician and parent/guardian before any medication (prescription or non-prescription) can be dispersed.

Student's Name _____

Name of medication & strength (for instance: Tylenol 200 mg, etc): _____

Form of medication (please circle) Tablet Liquid Other (explain) _____

How much & when medication should be given (for instance: "2 tablets every 4 hrs", "1 tsp. at lunchtime", "1 tablet at 1:00", etc.) _____

Restrictions and/or side effects: () None anticipated () Yes, please call parents if the following occurs:

Special storage requirements: () None () Refrigerate

Have you provided additional information as an attachment? () Yes () No

The parent knows of this request and has agreed to supply this /these medication(s) to the school as needed in the original container(s). Should the student manifest any of the above symptoms, which may be caused by the medication, I understand that the parent will be contacted.

Physician's Signature: _____ Date: _____

Physician's Name: _____

Address: _____

Phone Number: _____

Parent/Guardian should complete this portion:

I request that (name of student) _____ receive the above medication at school according to our doctor's instructions stated above.

Signature: _____ Date: _____

Relationship: _____