

Administration of Medication Form

Parkway Christian School 14500 Metropolitan Parkway
Sterling Heights, MI 48312 (586) 446-9900

Requests for the administration of medications by school personnel may be made as follows:

1. A separate request form is to be completed for each medication for each child.
2. Medication must be in the original, properly labeled container accompanied by this completed form. Medicine sent to school in baggies will not be administered.
3. All medication is stored and administered in the office.
4. It is the parent's responsibility to pick up unused medication at the end of the school year. Medicine not picked up will be discarded.

General Information

Today's date _____

Student's Name _____ Grade _____

Student's Date of Birth _____

Condition for which this medication is required _____

Medication

Medication Name _____

Dosage Instructions _____

Time(s) of day to be administered _____ Length of time _____

Precautions/Side Effects for my child _____

Physician's Name _____ Phone Number _____

Authorization

I, the undersigned, parent/guardian of (Student's Name) _____
request that the above medication be administered to my child.

Signature (Parent/Guardian) _____ Phone _____