

# Administration of Medication Form

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

## ALL MEDICATIONS MUST BE SUBMITTED TO SCHOOL OFFICE

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 and accompanied by this completed form. **No baggies or unmarked bottles.**
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 \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

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## Medication

Medication Name \_\_\_\_\_

Dosage Instructions \_\_\_\_\_

Time(s) of day to be administered \_\_\_\_\_

Ending date \_\_\_\_\_

Used for what purpose? \_\_\_\_\_

Does this student have allergies? \_\_\_\_\_ Epi-pen required? \_\_\_\_\_

List Allergies \_\_\_\_\_

Instructions \_\_\_\_\_

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## Authorization

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

Signature (Parent/Guardian) \_\_\_\_\_ Phone \_\_\_\_\_