

WHITE PINES INTERMEDIATE SCHOOL
MEDICATION PERMISSION AND INSTRUCTION

Parent/Guardian Permission:

Student's Name: _____ Birth Date: _____

Address: _____

School: _____ Grade: _____ Teacher: _____

I hereby grant permission for the above-named school to administer prescription or patent medication to my child as indicated below, and to exchange information with my child's physician as deemed necessary.

_____ to be given at _____
(Kind of Medication) (Amount of Medication) (Time)

Possible Side Effects: _____

Parent/Guardian Signature: _____ Phone: _____

Date: _____

See below for school policy: Medication for Pupils

ADOPTED: 1-83/Rev. 6-93/7-97

Copy Center Rev. 4-06 (SCHOOL MEDICATION PERMISSION)

POLICY #5142.1

ADOPTED: December 15, 1981

SUBJECT: MEDICATION FOR PUPILS

REVISED: July 1, 1997

A teacher or administrator or other designated adult employee who has been trained by a professional in medication administration, upon written request of a pupil's parent or guardian, in compliance with the instructions of a physician and delivered to school in a properly labeled container, may administer medication to a pupil. This should be done in the presence of a second adult.

A teacher or administrator or other designated adult employee may not make the decision to alter or refuse administration of medication, as this constitutes a medical decision.

Michigan School Code (380.1178) protects teachers or administrators and other designated adult employees from liability as a result of administering medication "except for an act or omission amounting to gross negligence or willful and wanton misconduct."

REFERENCE: Administrative Procedures Concerning Student Medication.