



Date Form was Received by School _____

**FOWLERVILLE COMMUNITY SCHOOLS
PERMISSION FORM FOR PRESCRIPTION MEDICATIONS**

Student Name _____ Grade _____

Telephone Number _____ Date of Birth _____

To be completed by the Physician:

Name of Medication _____

Reason for Medication (optional) _____

Form of medication:

Tablet/Capsule Liquid Inhaler Injection Nebulizer Other _____

Instructions (Schedule and dose to be given at school) _____

Start Date _____ Stop Date _____ Other _____

For episodic/emergency event only _____

Restrictions or important side effects _____

Special Storage Arrangements: None Refrigerate

Other _____

This student is capable and responsible for self administering this medication:

No _____ Yes-Supervised _____ Yes-Unsupervised _____ [**6th-12th grade students only**]

The student may carry this medication: No _____ Yes _____

Please indicate if you have provided additional information: _____ on back _____ as attachment

Date _____ Physician's Signature _____

To be completed by Parent/Guardian

Subject to the approval of school administration, students in grades 6-12 may possess and self-administer prescription medications provided that prior written permission is provided to the school by the student's parent/guardian and by a licensed physician. Any medication a student possesses must be labeled and prepared by a pharmacy or pharmaceutical company & include the dosage & frequency of administration. (School Board Policy 8670) Students must be aware that they are **NOT** allowed to administer **ANY** medication to other students. By signing below you are acknowledging that you will follow the rules and regulations in the student handbook for consequences of sharing medications.

I request that (name of child) _____ receive the above medication at school according to standard school policy.

I request the (name of child) _____ be allowed to self-administer the above medication at school according to the school policy.

Date Parent/Guardian Signature Relationship

Date Student Signature

Fowlerville Community Schools

Fowlerville, MI 48836

HS Fax 517.223.6065, JHS Fax 223.6199, **Kreeger Fax 517.223.6388**, Smith Fax 517.223.6444