



# Non-Prescription/Prescription Medications

## Fowlerville Kreeger Elementary School Authorization to Administer Medication Form

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Cell/Work: \_\_\_\_\_

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

Dosage \_\_\_\_\_ Time to be given \_\_\_\_\_

Medication to be used for \_\_\_\_\_

### To be completed by *Parent/Guardian*

Elementary students in grades K-5\* are not allowed to self-administer non-prescription/prescriptions medications. Any medication must be in the original container and include the dosage and frequency of administration. (School Board Policy 8670) Please be aware that students ARE NOT allowed to carry medication. A parent/guardian must transport medication to and from school. 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 Fowlerville Kreeger Elementary School student handbook.

I request that (name of child) \_\_\_\_\_ be given the above medication at school according to the school policy.

Parent/Guardian Signature	Relationship	Date
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**Parent/Guardian MUST supply the non-prescription/prescription medication in the original container.**

Date form received by school \_\_\_\_\_