

Permission to Distribute Medication to Students

Grass Lake Middle School
1000 Grass Lake Rd
Grass Lake, Mi 49240

To be completed **only by parent or legal guardian**. This form applies only to the current school year. **ALL medication** with the exception of inhalers and approved epi-pens must remain in the office and be **distributed by office personnel**. ONLY medication in the **original container** will be accepted. No baggies or envelopes.

Today's Date: _____ Student's Grade: _____

Student Name: _____ Date of Birth: _____

Name of Medication: _____

Date to begin giving Medication: _____ Date to stop Medication: _____

Amount (Dosage) to be given each time: ie 2 tablets 200 mg. _____

Time of day to be given: _____

Reason for medication: _____

____ Please check here if child will carry inhaler with them

Physician's Signature: _____

Physician's

Name: _____

Physician's Address: _____

Physician's Phone number: _____

I give permission for my child named above to receive the above medication at Grass Lake Middle School according to standard school policy.

Date: _____ Parent signature: _____

Printed parent name: _____