

**SUMMERFIELD SCHOOLS
Petersburg, Michigan**

The Summerfield Board of Education adopted the "Authorization For the Administration of Medicines By School Personnel" policy on April 11, 1994. The reason this policy was adopted was to be in compliance with General School Laws 3801178.

**AUTHORIZATION FOR THE ADMINISTRATION
OF MEDICINES BY SCHOOL PERSONNEL**

The Summerfield School District requires a physician's written order and parent/guardian authorization for administration of medication.

PHYSICIAN'S ORDER

Name of Student_____Date_____

Address_____Birthdate_____

Name of Drug_____

Dosage_____

Time(s) of Administration_____

Length of time during which medication shall be administered: From _____to_____

Physician's Signature_____

Address_____

Phone_____

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**AUTHORIZATION OF PARENT/GUARDIAN CONCERNING THE
ADMINISTRATION OF ABOVE MEDICINES BY SCHOOL PERSONNEL**

I hereby request that my child be administered his/her prescribed medication at school. I understand and agree that medication will be administered by the school personnel authorized by the principal exactly as per instructions of the above named physician. I hereby waive any claim against the school district, its principal or other employees because of the administration of the medication. I further agree that you may contact the physician who prescribed the medication and I authorize the physician to release to you any and all information concerning my child's condition, treatment, history, prognosis or any other facts in his possession concerning the student. I will notify the school of changes or discontinuation of this medication.

Signature of Parent/Guardian

Date