

NICE COMMUNITY SCHOOLS  
300 Westwood Drive  
Ishpeming, MI 49849

PARENT'S REQUEST TO GIVE MEDICATION TO THEIR CHILD AT SCHOOL

I request that the nurse (or someone designated by the Principal) administer medication to:

Name: \_\_\_\_\_ Time to be given: \_\_\_\_\_  
(at school)

Medication: \_\_\_\_\_ Allergies: \_\_\_\_\_

Dose: \_\_\_\_\_ Grade: \_\_\_\_\_

Dx: \_\_\_\_\_ Teacher: \_\_\_\_\_  
(reason for medication)

Valid from: \_\_\_\_\_ to: \_\_\_\_\_  
(date) (date)

I understand that neither the nurse nor the school is obligated to provide this service to me, and that neither of them assumes any liability in connection with the administration of the medication to my child for my convenience.

The medication is to be furnished by me. The medication is to be brought to the school by me in the bottle in which it was obtained from the pharmacist. UNDER NO CIRCUMSTANCES IS A STUDENT PERMITTED TO TRANSPORT MEDICATION TO OR FROM THE SCHOOL.

The label must have:

1. The child's name
2. The doctor's name
3. The name of the medication
4. The correct dosage
5. How and when it is to be administered
6. The date ordered, and expiration date

\*IF ANY OF THE ABOVE INFORMATION IS NOT PROVIDED, THE MEDICATION WILL NOT BE ADMINISTERED.

Signature \_\_\_\_\_ Daytime phone number \_\_\_\_\_  
(Name of Parent or Guardian)

Date \_\_\_\_\_

Return this form to the School Nurse with the medication. Any changes requested by the parent or guardian MUST BE IN WRITING.