



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 \_\_\_\_\_ **(6<sup>th</sup>-12<sup>th</sup> 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