

**NORTHVILLE CHRISTIAN SCHOOL
41355 SIX MILE ROAD
NORTHVILLE, MI 48168
248-348-9031
(FAX 248-348-5423)**

Authorization For The Administering of Medication During School Hours

Michigan State law states that "Under NO circumstances should any school employee attempt to suggest a diagnosis or prescribe or give medicine of any kind, including aspirin, to a student."

If it is absolutely essential that medication be administered during school hours, exceptions can be made. **Original packaging must be received for medication to be dispensed. Plastic bags will not be accepted.** However, for the protection of all concerned, it is necessary for the school office to have the following specific information and signature **prior** to administering medication.

ALL MEDICATION MUST BE KEPT IN AND DISTRIBUTED BY THE SCHOOL OFFICE.

Student's Name _____ Student's Teacher _____

Name/Type of medication (comments or special instructions)	Dosage	Time(s) to be administered	Duration of treatment (Current school year only)
1.			
2.			
3.			
4.			
5.			

Physician's Name

Telephone Number

MUST COMPLETE PORTION BELOW

PARENT'S STATEMENT

I hereby give permission for the above medicine to be administered to my son/daughter _____
by personnel of Northville Christian School.

Parent's Signature

Date