

ST. JOHN VIANNEY SCHOOL
4101 Clyde Park SW
Wyoming, Mi 49509
616-532-7001

MEDICATION ADMINISTRATION RELEASE FORM

Date: _____

Name of Child: _____ Date of Birth: _____

Address: _____ Home Phone #: _____

City/State/Zip: _____ Emergency Phone #: _____

ORDERS & DIRECTIONS

You are hereby directed to give _____ his/her medication _____
(Name of child) (Name of Medication)

in the amount of _____ DURATION: _____

POSSIBLE SIDE EFFECTS: _____

Physician Signature: _____ Office Phone #: _____

Print or type Physician Name: _____

**I HEREBY AUTHORIZE AND REQUEST SCHOOL PERSONNEL TO ADMINISTER MY CHILD'S
PRESCRIBED MEDICATION AS DIRECTED BY OUR DOCTOR.**

Parent/Guardian Signature : _____

**Administration for medication to pupil; liability*

A school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult pursuant to written permission of the pupil's parent or guardian and in compliance with the instructions of a physician is not liable in a criminal action or for civil damages as a result of the administration except for an act or omission amounting to gross negligence or willful and wanton misconduct.

Michigan Compiled Laws, 1982 (380.1178)

Signed: _____

(Parent or Guardian)

IMPORTANT: Medication must be in the original container, clearly labeled, with the student's name, the drug name, and the dose on that label.