

The State of Michigan Public Act 157 requires that we have written permission from the parent/guardian before administering medication at school.

<u>All medication is to be in a properly labeled container bearing the pharmacist's label of contents for prescription</u> <u>medications or the original for the over-the-counter (OTC) medications.</u> Parents and physician must sign the Medication Administration Consent Form and provide written instructions which are consistent with prescription directions. **Medications must be hand delivered by the parent/guardian to the school's office.** The parent/guardian assumes the responsibility to inform the Administrator or Designee of any change in the child's health or change in the medication.

STUDENT'S NAME: GRADE:	
R NEBULIZER OTHER	
<b>TIME TO BE GIVEN:</b> (All medication will be issued at lunch unless otherwise specified,	
STOP DATE:	
PHONE:	
dent WILL NOT be administered.	
(child) to receive the above standard school policy and for the physician and school staff to ith medication needs.	
Date	
STHMA INHALERS	
er asthma inhaler in school following school policy. He/she using the inhaler.	
Date	

Parent Signature

Calhoun Christian School | 20 Woodrow Ave S, Battle Creek, MI 49015 | 269.965.5560 | calhounchristian.org

Date