

**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