



**Marshall
Public
Schools**

"To work as one in the pursuit of excellence."

School Health Services
Healthy Children Are Better Learners

SCHOOL MEDICATION AUTHORIZATION AND INSTRUCTIONS

District procedure states that medication to be given at school needs written permission from the student's parent or legal guardian and written authorization from a physician or authorized healthcare provider.

All medications (prescribed or over the counter) dispensed in school **must** be sent to school in the original labeled container.

Please use a separate form for each medication.

Name of Student: _____ Birthdate: _____
Grade: _____ Homeroom Teacher: _____

Parent/Guardian (print) _____
I request the medication listed, be given as prescribed by the physician.

Parent/guardian signature: _____
Date: _____
Telephone Number: _____

To be completed by the Physician

Name of medication: _____
Dosage and route of administration: _____
Time of administration: _____

Diagnosis: _____

Purpose of medication and why it is needed during school hours: _____

Possible side effects: _____

Termination date for administration of medication: _____
(Medications must be renewed annually)

Physician's Signature: _____
Date: _____
Telephone Number: _____

Form M-002 August 2009

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