Mecosta-Os	sceola Interm	nediate Scho	ool Distri	ct	
	Education Center 15760 190 <sup>th</sup> Avenue, Big Rapids, Michigan 49307-9096 Phone: (231) 796-2624 Fax: (231) 796-2625 www.moisd.org				
		dent Medication Form 2020-2021		SUPPORTING SCHOOLS AND STUDENT ACHIEVEMENT	
Student's Name:		Date:			
Please list all medications yo	☐ My child does <u>NOT</u> t our child takes daily. In	-		tion drugs.	
*Physician Fax Number:		Physician Name:			
Medication:		Dosage:	Time o	f Day:	

## **AUTHORIZATION TO ADMINISTER MEDICATION AT SCHOOL**

PLEASE NOTE: This form must be completed and signed annually by Parent/Guardian and Physician or any time there are medication changes.

I hereby authorize the administrator in charge or the teacher designee to give the following medication(s) to my child during school hours.

**PLEASE LIST ONLY THOSE MEDICATIONS YOU WANT GIVEN TO YOUR CHILD WHILE AT SCHOOL.** Including all over the counter medications i.e. Tylenol, Motrin, etc.

Name of Medication:	Liquid, Pill or Suppository:	Dose:	Time(s) Per Day:	Prescribed by Doctor:
	2 . FF		( <i>z</i> )	
All medication must come to t provide a labeled bottle for sc				
year. *				
	Parent /Legal Guard	dian Signature	Date	
* Physician Signature		Printed Name of Physician		Date

Parents/Guardian must bring medications to school and pick up any discontinued medication. MEDICATIONS MAY NOT BE TRANSPORTED BY STUDENTS.

If your circumstance makes it difficult to transport medications, please call the Education Center Office at (231)-796-2624.

Updated 10/2020