

PARENT REQUEST FOR ADMINISTRATION OF NON-PRESCRIPTION (OTC) MEDICATION

Dear Parents/Guardians:

In compliance with the Michigan School Laws, teachers and support staff of Allendale Public Schools may not administer any medication including non-prescription or over-the-counter (OTC) medication without a completed parent request form.

The Non-Prescription Medication must be provided in a marked container with your child's name, name of medication, dosage and any specific directions for administration. Medication will be administered in the presence of another adult.

The parent request form is valid for the current school year only. Please complete, sign and return to your child's school secretary.

School Year _____

Date _____ Student Name _____

Student Grade _____ School _____ Teacher _____

Medication _____ Exp. Date _____

Dosage _____ Time/Days to be Administered _____
(if applicable or as needed)

Condition for which medication is required _____

Has your child taken this medication before? (Please circle) **YES** **NO**

Special Instructions/Precautions/Possible Side Effects _____

Physician's Name _____ Phone _____

My signature below indicates that I request that the APS staff administer the medication specified above to my child, and I am giving permission for APS staff to contact the physician for additional information, if needed.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

Daytime phone # (s) _____ / _____