

Non-Prescription Medication

Administration Release Form

All Saints Academy

Lower Campus: 2233 Diamond Ave. NE • Grand Rapids • MI • 49505 • Phone: 616-447-2997

Upper Campus: 1110 Four Mile Rd. NE • Grand Rapids • MI • 49525 • Phone: 616-363-7725

If your child is taking over the counter medication while at school,

1. Except for rescue inhalers, students are NOT ALLOWED to carry medications of any kind on their person or keep them in their locker. All meds must be dispensed by the school office.
2. Parents MUST supply the medication in the original package.
3. Medication must be brought to school by the parent/guardian.
4. Label medication package with student's name and dosage.
5. Complete this form and return it to the school office with labeled medication.

Date: _____

Child's Name: _____ Birth Date: _____ Teacher: _____

Address: _____ Emergency Phone: H _____

Parent/Guardian : _____ W _____

I hereby request and authorize school personnel to administer my child's over the counter medication as directed on the label provided by parent.

Administration of medication to pupil; liability.

A school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult pursuant to written permission of the pupil's parent or guardian is not liable in a criminal action or for civil damages as a result of the administration except for an act or omission amounting to gross negligence or willful and wanton misconduct.

– Michigan Compiled Laws, 1982 (380.1178)

Signed: _____
(Parent or Guardian)

YOUR CHILD WILL BE UNABLE TO TAKE MEDICATION AT SCHOOL UNLESS THE SECTION BELOW IS COMPLETED

Directions & Dosages

You are hereby directed to give to _____ this medication _____
(Name of Child) (Name of Medication)
in the amount of _____ tablets/capsules or _____ teaspoons at _____ a.m./p.m. daily, or as follows:

Duration: _____

Possible side effects: _____

Date: _____