VAN BUREN PUBLIC SCHOOLS

ADMINISTRATION BUILDING

555 W. Columbia Ave.
Belleville, MI 48111
☎ 734-697-9123
FAX 734-697-6385

Consent for District Administered Medication Form 2021-2022 School Year

(A new form is required yearly for each medication)

Student Information

Student's Name: _____ Date Of Birth: _____

Building: _____ Grade: _____

Healthcare Provider Information

The section must be completed by the student's healthcare provider

Name/Title: _____

Address: _____

Telephone: _____ Fax: _____

Medication Information

Medication Name: _____ Dose: _____ Form Of Medication: _____

Reason For Medication: _____ Start Date: _____ End Date: _____

Administration Method: _____ Administration Time/Frequency: _____

If *as needed* under what conditions is the medication to be administered: _____

_____

Relevant Side Effects: _____

Provider Signature: _____ Date: _____

Parent/Guardian Consent

I, _____, authorize school staff to administer medication accordance with this form and applicable policies. I acknowledge that Board Policy requires that I immediately inform the District of any changes to the healthcare provider's medication instructions.

Parent's/Guardian Signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

(Please circle which phone number you would like District staff to call first)