



SOUTH HAVEN PUBLIC SCHOOLS

554 Green Street
South Haven, MI 49090

Phone: (269) 637-0500
Fax: (269) 637-3025

Authorization for NONPRESCRIBED medicine or Treatment

To the parent:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE NONPRESCRIBED MEDICATIONS OR TO RECEIVE TREATMENT IN SCHOOL. ALL SPACES MUST BE COMPLETED.

Name of Student

Address

School

Grade

A. I am requesting permission for my child named above to: (Check all the apply)

_____ use or receive medication(s)
Medication: _____
Dosage: _____
Medication: _____
Dosage: _____

_____ Self-administer such medication(s) in the presence of an authorized staff member

- B. I will assume responsibility for safe delivery of the medication to school.
- C. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.
- D. Our physician has instructed that this medication should be administered in the above designated dosage.
- E. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Signature of Parent

Date

Telephone Number

Work Telephone