



# Coleman Jr./Sr. High School

4951 N. Lewis Rd. • Coleman, Michigan 48618 • (989) 465-6060

High School: (989) 465-6171 • Middle School: (989) 465-6177 • Elementary School: (989) 465-6179

## MEDICATION REQUEST AND AUTHORIZATION

Date \_\_\_\_\_

To Whom It May Concern:

I authorize school personnel to keep medication in the school's

General Office for \_\_\_\_\_ and allow  
(child's name)

\_\_\_\_\_ to self-administer said medication.  
(child's name)

1. Name of medication \_\_\_\_\_
2. Purpose of medication \_\_\_\_\_
3. Schedule (times) to allow child to self-administer said medication  
\_\_\_\_\_
4. Dosage \_\_\_\_\_
5. Possible side effects \_\_\_\_\_
6. Termination date for providing medication to child for self-administration is until the end of the current school year UNLESS otherwise noted:  
\_\_\_\_\_

I understand this is a voluntary service for my accommodation and I will not hold school personnel or the school district responsible.

Signed \_\_\_\_\_  
(Parent or Legal Guardian)