

GEORGE LONG ELEMENTARY SCHOOL  
829 S. Union St.  
Grass Lake, MI 49240

Permission to Distribute Medication to Students

To be completed **only by parent or legal guardian**. This form applies only to the current school year. **ALL Medication** will remain in the office and be **distributed by office personnel**. ONLY medication in the **original container** will be accepted. No medication will be accepted in baggies or envelopes.

Today's date: \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Date to begin giving Medication: \_\_\_\_\_ Date to Stop Medication: \_\_\_\_\_

Amount (Dosage) to be given each time: (ie 2 tablets 200 mg): \_\_\_\_\_

Time of day to be given: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

If medication is a prescription – Physician Signature is required and we must follow the directions on the prescription bottle.

Physician's Signature: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

I give permission for my child named above to receive the above medication at George Long Elementary according to standard school policy.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Printed Parent Name: \_\_\_\_\_