

Benzie County Central Schools

MEDICATION FORM

Please use this form if your child needs to take medication.

It is required that the school have a written statement from the doctor prescribing any necessary medications to be given to a child at school. This written statement could be in the form of the prescription bottle. If it is necessary for your child to receive any medication at school, please fill in the following form and return to the Middle School Office.

_____ is to be given
(Child's Name)

_____ according to doctor's instructions.
(Medicine)

Dosage _____

Times to be given _____

Parent Signature

Date

This authorization for the school to dispense medication will expire on the last day of school. Each kind of medication requires a different form. A change in dosage or times to be given will require a new form.

**IMPORTANT NOTICE:
PARENTS MUST DELIVER THE MEDICATION TO THE SCHOOL THEMSELVES.
STUDENTS ARE NOT ALLOWED TO BRING MEDICATION ON THE BUS. ALL
MEDICATIONS MUST BE IN A PRESCRIPTION BOTTLE.**

Thank you for your cooperation with this procedure.
Your child's safety is a top priority with us!

medform/word