



Immaculate Heart of Mary School

3830 Rosemont Ave., Lansing, MI 48910-4592 (517) 882-6631 Pre-school — 8th Grade

FAX: (517) 393-0855

MEDICATION ADMINISTRATION FORM AND DIRECTIONS

Date _____

Name of Child _____ Date of Birth _____

Address _____

Emergency Phone Number Hm _____ Work _____ Cell _____

Parents/Guardians Name(s) _____

Doctor Name _____ Phone _____

I hereby request and authorize school personnel to administer his/her prescribed medication as directed by our doctor.

Signature _____

DOCTOR ORDERS

You are hereby directed to give to _____
Name of Child

His/her medication name _____

In the amount of _____ tablets/capsules at _____ am/pm daily.

Or as follows _____

Duration _____

Possible side effects _____

Doctor's signature _____

Immaculate Heart of Mary Catholic School challenges students to discover God's gifts spiritually, intellectually, socially, and physically within a community that nurtures, honors, and respects the unique person.