CHELSEA
SCHOOL DISTRICT

CHELSEA SCHOOL DISTRICT
500 Washington Street
Chelsea, MI 48118
P: 734.433.2208
F: 734.433.2218
www.chelsea.k12.mi.us

MEDICATION/MEDICAL EMERGENCY FORM/PARENT AUTHORIZATION

Student Name: ____

Birth Date: ______________ Grade: ______ School Year: ______________

Emergency Contact Numbers (Most easily reached in a crisis)

Name: ___________________________ Phone: ______________________ Relation: __________________

Name: ___________________________ Phone: ______________________ Relation: __________________

Name: ___________________________ Phone: ______________________ Relation:__________________

Physician: _____________________________ Phone: __________________________

ALLERGY OR MEDICAL CONDITION REQUIRING MEDICATION – CIRCLE IF LIFE THREATENING

Condition:

Instructions for medication and what it is taken for; must be brought in the original container.

Medication Name Prescription or Nonprescription	Dose/ form	When to give	Side effects or adverse reaction	Special Storage Requirements

To be completed by parent/guardian:

I request and give permission for (name of child) ______________________ to receive the above medications(s)/treatment at school according to standard school district policy and for the school district staff to share information needed to assist my child with medications needed.

Parent/Guardian Signature: ____ Date: ______________

Chelsea High School (734) 433-2201
South Meadows Elementary (734) 433-2205
Beach Middle School (734) 433-2202
North Creek Elementary (734) 433-2204