COLOMA COMMUNITY SCHOOLS
MEDICATION SUPERVISION PROCEDURE

PHONE: 269-468-2420 **FAX: 269-468-2434**

In order for school personnel to supervise the administration of medication during school time, note the following requisites:

1. Physician's prescription
2. Parent's consent (in writing)
3. a. Medication must be brought to the school office by parent/parent designee.
   b. Medication must be in the pharmacy labeled container. Most pharmacies will be glad to provide you with a duplicate container upon your request.

SCHOOL MEDICATION PERMISSION AND INSTRUCTIONS FOR COLOMA ELEMENTARY SCHOOL

PARENT PERMISSION

STUDENT'S NAME _____ BIRTH DATE _____

ADDRESS _____

SCHOOL _____ GRADE _____ TEACHER _____

I hereby grant permission for the above named school to supervise the medication routine below prescribed for the above named child and to exchange information with my child's physician as deemed necessary.

Parent Signature _____ Date _____

DOCTOR TO FILL OUT

My patient, _____, is to have the following medication administered during school hours, according to this schedule and dosage.

Prescribed Medication _____

Amount of Dosage _____

Time of Administration _____

Physician's Diagnosis _____

This medication is to be administered until _____ or until different orders are received.
(Date)

Physician Signature _____ Date _____

PLEASE FAX OR RETURN FORM TO THE SCHOOL