ROGERS CITY AREA SCHOOLS
ROGERS CITY, MICHIGAN
Phone: 989-734-9159 Fax: 989-734-9165

Authorization for School Personnel to Administer Medication

MEDICATION PERMISSION FORM

Student:______________________________Birthdate:________

Prescribed by:____
(physician's/dentist's name)

Beginning______________________to_____________________
(date) (date)

I understand this is a voluntary service and I will not hold the school nurse, personnel or the school responsible.

Medication to be given:___________________________________

Dosage:________________________Time(s):_______________

___________________________________ _____________
Parent or Legal Guardian Signature Date

___________________________________ _____________
Physician/Dentist Signature Date