

THE ROEPER SCHOOL
REQUEST FOR DISPENSING MEDICATION

Dear Parent(s)/Legal Guardian(s) and Physician:

It is the policy of the Bloomfield Hills School District in compliance with Michigan Compiled Law Section 380.1176, to have written authorization for a student to take prescribed medication during the school day. This information will be handled in a confidential manner. Authorization is good for one school year only.

PARENT/LEGAL GUARDIAN'S AUTHORIZATION

STUDENT'S NAME	DATE OF BIRTH	STAGE
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Authorization is hereby granted school personnel to administer/provide medication to the above named student in accordance with the following physician's directive. I, the parent of the above named student, assume full responsibility and hereby release Roeper School and all school personnel from all liability in connection with

SIGNATURE OF PARENT OR LEGAL GUARDIAN	DATE
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PHYSICIAN'S AUTHORIZATION

Name OF PRESCRIBED MEDICATION

REASON FOR MEDICATION

DOSAGE (To be given at (stage time/hour))

FROM (DATE)	TO (DATE)
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COMMENTS REGARDING MEDICATION (ADVERSE REACTIONS, PRECAUTIONS, ETC.):

IN CASE OF EMERGENCY CALL	PHONE
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SIGNATURE OF PHYSICIAN	DATE
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PLEASE PRINT NAME OF PHYSICIAN	PHONE
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ADDRESS

CITY	STATE	ZIP CODE
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