

**FLUSHING COMMUNITY SCHOOLS  
FLUSHING, MICHIGAN  
AUTHORIZATION FOR THE USE OF MEDICINES AT SCHOOL**

The Flushing Community Schools Board of Education requires a physician's written order and the parent of guardian's authorization for the taking of medicinal preparations during school hours.

Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Building \_\_\_\_\_ Teacher/classroom \_\_\_\_\_

**PHYSICIAN'S ORDER**

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**TO BE COMPLETED BY THE PHYSICIANS OR AUTHORIZED PRESCRIBER**

Name of medication: \_\_\_\_\_

Reason for medication: (OPTIONAL) \_\_\_\_\_

Form of medication/treatment:

Tablet/capsule       Liquid       Injection       Nebulizer       Other \_\_\_\_\_

Instructions (Schedule and dose to be given at school): \_\_\_\_\_

Inhaler (may be carried by the student when approved by a physician)

Instructions: \_\_\_\_\_

Start:     date form received                      Other dates: \_\_\_\_\_

Stop:     end of school year                      Other dates/duration \_\_\_\_\_

For equisodic/emergency events only

Restrictions and/or important side effects:     None anticipated

Yes, Please describe: \_\_\_\_\_

Special storage requirements:     None                       Refrigerate

Other: \_\_\_\_\_

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Please indicate if you have provided additional information:

On the back side of this form                       As an attachment

Date: \_\_\_\_\_ Signature Physician's \_\_\_\_\_

|                   |
|-------------------|
| Physician/s Name: |
| Address:          |
| Phone Number:     |

**AUTHORIZATION OF A PARENT OR GUARDIAN CONCERNING ADMINISTRATION OF ABOVE MEDICINES BY SCHOOL PERSONNEL**  
I hereby request that my child be administered his prescribed medication at school according to the district policy. I understand that the medication will be administered as per the directions of my above named physician. I will notify the school of changes or discontinuation of this medication(s).

SIGNED \_\_\_\_\_  
(Parent or Legal Guardian)

Address \_\_\_\_\_ City \_\_\_\_\_

Date \_\_\_\_\_ Telephone \_\_\_\_\_

Telephone \_\_\_\_\_  
(Work - Emergency)