

**ADMINISTRATION OF MEDICATION**  
**Request and Permission Form**

NOTE: Whenever possible, medicine should be given to students while at home and every effort should be made to avoid having students take medicine during school hours. When that isn't possible, Byron Center Christian School will do as much as is practical to administer medicines to students.

**To be completed by parent or guardian:**

I request that \_\_\_\_\_ date of birth\_\_\_\_\_ receive the medicine as described on the lower portion of this form. The medicine is to be provided by me and dispensed and/or administered according to BCCS policy and administrative regulations. I understand that the Byron Center Christian School is providing a service for me and does not assume responsibility for dispensing and/or administering the medicine or for the consequences of dispensing and/or administering the medicine. I understand that school personnel are not medically trained. Medication should be brought to school in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law; OR medication should be brought to school in the original non-prescription packaging.

Signature (parent or guardian) \_\_\_\_\_ Date \_\_\_\_\_

Physician's name (for prescription medications) \_\_\_\_\_ Phone \_\_\_\_\_

**To be completed by physician (for prescription medications) or by parent or guardian (for non-prescription medications):**

I request that the student listed above receive medicine in accordance with the conditions described below:

Condition requiring medication: \_\_\_\_\_

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

Prescribed dosage and means of administration: \_\_\_\_\_

Time to be taken during school hours: \_\_\_\_\_

Expected duration of treatment: \_\_\_\_\_

Possible side effects and adverse reactions: \_\_\_\_\_

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

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

Please return to:  
Byron Center Christian School  
8840 Byron Center Avenue  
Byron Center, MI 49315