



# Fern Persons Elementary

4425 W. Butterfield Hwy. Olivet, Michigan 49076 (269) 749-4621 Fax (269) 749-4621

## AUTHORIZATION FOR NON-PRESCRIPTION MEDICINE TO BE TAKEN DURING SCHOOL HOURS

I give permission for my son/daughter \_\_\_\_\_  
Name

To take the following medicine \_\_\_\_\_

Dose \_\_\_\_\_

When \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

(\_\_\_\_) \_\_\_\_\_  
Home phone

\_\_\_\_\_  
number where I can be reached during the day

(\_\_\_\_) \_\_\_\_\_  
Emergency contact number and name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

*This form will be on file in the office for the current school year.*