

Morrice Area Schools

William Heath, Secondary Principal/Superintendent
111E. Mason St. Morrice, MI 48857
517-625-3142 fax 517-625-3866



PHYSICIAN STATEMENT:

To the Physician-

The Morrice Area Schools Board of Education urges you to schedule, to the extent possible, medication or treatment of a student outside of school hours. When that is not possible, medication and/or treatment will be permitted, insofar as feasible, during school hours. Medication in pill form is preferable to liquids for use in school.

I have prescribed the following to be administered to _____
(Student's First & Last name)

_____ .
(Medication) (Dosage Amount)

Medication is to be taken at the following times: _____

Instruction or precautions (including possible side effects): _____

TREATMENT:

Beginning Date: _____ Expiration Date: _____

Physician Signature: _____ Telephone: _____

Printed/Typed Name of Physician: _____ Date: _____

AUTHORIZATION FOR STAFF:

The following staff members are authorized to administer the above-prescribed medication(s) to the student:

-Kelly Roe, Principal Morrice Elementary

-Linda Broomfield, Elementary Secretary

-Other: _____

Parent Signature: _____ Date: _____

Kelly Roe
Elementary Principal
111 E. Mason Street

Troy Perkins
Secondary Dean of Students
691 Purdy Lane

Morrice, Michigan 48857-0318