



Mattawan Early Elementary School

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Mattawan, Michigan 49071

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REQUEST FOR ADMINISTRATION OF MEDICATION / FORM 5330 - F1

As required by Mattawan Consolidated School Board Policy #5330, Use of Medications, I hereby request that employees of Mattawan Consolidated School administer medication per the information below:

1. Student's name: _____ Grade: _____
2. Date of birth: _____
3. Name of medication: _____
4. Dosage to be administered each time: _____
5. Frequency and time to be administered: _____
6. Begin administering medication (date): _____
7. Terminate administering medication (date): _____
8. Special instructions for administering and possible side effects: _____
9. Should the student take medication on half-days? (please circle) Yes No
10. Name of prescribing physician: _____ Phone: _____
11. Name of dispensing pharmacy: _____ Phone: _____
12. Conditions. Parent/guardian signature below acknowledges acceptance of the following conditions:
 - a. Medication must be delivered to school by the parent/guardian in a clearly marked container listing the name, dosage, directions for administering, the prescribing physician with phone number and the dispensing pharmacy with phone number.
 - b. Should a medication be terminated or changed by the prescribing physician, a new form 5330-F1 must be on file before dispensing occurs at school.
 - c. A new request form must be submitted each school year for each medication.
 - d. Any unclaimed medication not picked up by the parent/guardian at the end of the school year, will be disposed of.

Parent/Guardian Name: _____

Phone: (Home) _____ (Cell) _____
(Work) _____ (Other) _____

Parent/Guardian Signature: _____ Date: _____

Received by: _____ Date: _____
(Principal or Authorized Office Personnel)

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