

# Morrice Area Schools

Michael R. Dewey  
Superintendent  
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## 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

-Katie Nickels, Elementary Secretary

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Kelly M. Roe**  
Elementary Principal  
111 E. Mason Street

**Tom Ureche**  
Jr/Sr High School Principal  
691 Purdy Lane