



Administration Office
242 52nd Street SE Grand Rapids, MI 49548
(616) 538-7460 Phone (616) 532-1597 Fax

Kelloggsville High School 4787 S. Division Ave SW (616) 532-1570
54th Street Academy 173 54th Street SW (616) 531-7433
Kelloggsville Middle School 4650 S. Division Ave SE (616) 532-1575
Southeast Kelloggsville Elementary 240 52nd Street SE (616) 532-1590
Central Kelloggsville Elementary 4625 Jefferson Ave SE (616) 532-1580
West Kelloggsville Elementary 4555 Magnolia Ave SW (616) 532-1595
Kelloggsville Virtual School 242 52nd Street SE (616)-532-8449
Kelloggsville Early Childhood Learning Center
977 44th Street SW (616) 532-1585

AUTHORIZATION FOR MEDICATION ADMINISTRATION

Students name: _____ Date of birth: _____

Grade: _____ School: _____

I authorize school personnel of Kelloggsville Public Schools to administer the following medication:

Name of Medication: _____

____ Non Prescription ____ Prescription

Dose: _____ Frequency: _____

Type (circle one): Tablet/capsule Liquid Inhaler Nebulizer Injection

Special Instructions: _____

Physician signature required for Prescription Medications

Physician Name: _____

Address: _____

Phone number: _____ Fax: _____

Physician's signature: _____ Date: _____

To be completed by Parent/Guardian

I hereby request and authorize school personnel to administer the above medication. School personnel may contact the office of my child's physician for concerns regarding the administration of this medication. I understand I must bring the medication to school myself and maintain the supply as needed. I am responsible to notify the school in writing of any changes. I understand I am required to pick up all unused medication by the last date of school. All medication left at the school will be discarded.

Parent/Guardian Signature _____ Date: _____

Print Name: _____ Phone Number: _____