

MAUMEE CITY SCHOOL DISTRICT

AUTHORIZATION FOR NONPRESCRIBED MEDICATION OR TREATMENT SECONDARY STUDENTS (6-12)

FAX NUMBERS: MAUMEE HIGH SCHOOL
419-893-5621

GATEWAY MIDDLE SCHOOL
419-893-2263

To the Parent:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE NONPRESCRIBED MEDICATIONS IN SCHOOL. ALL SPACES MUST BE COMPLETED.

Name of Student

Address

School

Grade

A. I am requesting permission for my child named above to: (Check one or both)

_____ use or receive the following over-the-counter medication(s)

Medication: _____

Dosage: _____

Medication: _____

Dosage: _____

Medication: _____

Dosage: _____

Check Option 1 or 2 below.

1. _____ self-administer such medication(s) in my presence or that of an authorized staff member

2. _____ keep the medication(s) in his/her possession and self-administer the medication(s) as needed. *"Must carry Form 5330 F1a"*

B. I will assume responsibility for safe delivery of the medication to school.

C. I will notify the school immediately if there is any change in the use of the medication or treatment.

D. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Signature of Parent

Date

Home Telephone

Work Telephone

7/98
10/10
5/15