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