



Mayfield City School District
Gates Mills ♦ Highland Hts. ♦ Mayfield Hts. ♦ Mayfield Village

Authorization for Medications to be Taken During School Hours

The following section is to be completed by the PARENT:

Form for parent completion including fields for School, Student's Name, Address, and Parent/Guardian Signature.

The following is to be completed by the LICENSED PRESCRIBER:

Form for licensed prescriber completion including fields for Reason for medication, Name of Medicine, Strength, Dosage, and Special storage requirements.

(Licensed Prescriber's stamp)

Licensed Prescriber's signature
Date:
Telephone: