



Mayfield City Schools
EVERY STUDENT. EVERY DAY.

Authorization for Medications to be Taken During School Hours
*Only One Medication Per Form

The following section must be completed by the PARENT/GUARDIAN:

Form with fields for School, Grade, Year, Student's Last Name, First Name, Sex (M/F), Date of Birth, and a consent statement. Includes signature lines for Date, Parent/Guardian Signature, Home/Cell Phone, and Emergency Phone.

The following section must be completed by the LICENSED PRESCRIBER:

Form with fields for Name of Medication (Brand/Generic), Strength Supplied, Reason for which Medication is Given, Form (Tablet/Capsule/Liquid/Inhaler/Nebulizer/Injectable/Other), Dosage to be given at school, and various timing and side effect details.

Form section for Licensed Prescriber's Stamp, Printed Name, Signature, Date, and Telephone Number.

Rev 2/23

***Please note a new form is required for every school year

SCHOOL FAX NUMBERS

High School Fax: 440-995-6805
Middle School Fax: 440-449-1413
Center Fax: 440-995-7405

Gates Mills Fax: 440-995-7505
Lander Fax: 440-995-7355
Millridge Fax: 440-995-7255

Preschool Fax: 440-995-6805
CEVEC Fax: 440-646-1117
EXCEL TECC Fax: 440-995-6755