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:

School:	Grade:	Year:
Student's Last Name:	First Name:	☐ M ☐ F Date of Birth:

I have read and understand the Mayfield City School guidelines for giving medications. I request authorized school personnel to follow the medication administration instructions listed. I agree to see that the medication is delivered to the school; to notify if there is a change in physicians; to notify if the medication, dosage, or procedure is changed or discontinued. I give my consent to the school nurse to send and/or receive information related to my child's health, as they deem appropriate for the duration of this order as noted above.

____/____/______ ____ (______) __________________ (______) ___________________

Date　　Parent/Guardian Signature　　Home/Cell Phone　　Emergency Phone

The following section must be completed by the LICENSED PRESCRIBER:

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:

If dosage is to be given DAILY, at what time?	If dosage is to be given "WHEN NEEDED", describe indications:
How soon can it be repeated?	Length of time medication is to be given: _____/_____/_______ Start Date　_____/_____/_______ Stop Date

List significant side effects:

Any restrictions of school activities: ☐ Sports ☐ Recess ☐ Science Labs ☐ Other ____________________________

Special Storage Requirements: ☐ None ☐ Refrigerate ☐ Other ____

(Licensed Prescriber's Stamp)	Licensed Prescriber's Printed Name: ___________________________________ Licensed Prescriber's Signature: ___________________________________ Date: _____/_____/_______ 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　Gates Mills Fax: 440-995-7505　Preschool Fax: 440-995-6805
Middle School Fax: 440-449-1413　Lander Fax: 440-995-7355　CEVEC Fax: 440-646-1117
Center Fax: 440-995-7405　Millridge Fax: 440-995-7255　EXCEL TECC Fax: 440-995-6755