

MOHAWK LOCAL SCHOOLS

AUTHORIZATION FOR NONPRESCRIBED MEDICATION OR TREATMENT
(SECONDARY VERSION)

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	_____ Class/Grade

A. I am requesting permission for my child named above to use or receive the following over-the-counter medication(s).

Medication: _____

Dosage: _____

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

_____ Signature of Parent	_____ Date
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_____ Home Telephone	_____ Work Telephone
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AUTHORIZATION FOR STAFF

The following staff members are authorized to administer the above-prescribed medication(s)/treatment(s):

Principal

12/13/11
12/14/11

MOHAWK LOCAL SCHOOLS

AUTHORIZATION FOR THE POSSESSION AND USE OF ASTHMA INHALERS

Student Name: _____ Date: _____

Address: _____

Authorization is hereby given for the student named above to:

receive the prescribed medication indicated from the designated school personnel.

self-administer the prescribed medication as permitted by law.

Medication Name: _____

Dosage: _____

Date the administration is to begin: _____

Date the administration is to cease: _____

Adverse reactions that should be reported to the physician: _____

Adverse reactions for unauthorized user: _____

Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack: _____

Other special instructions: _____

Physician and parent/guardian names, signature, and emergency phone numbers are required.

Physician name: _____ Phone: _____

Signature: _____ Date _____

Parent/guardian name: _____ Phone: (Home) _____
(Work) _____
(Other) _____

Signature: _____ Date _____

Copies must be provided to Principal and to the School Nurse if one is assigned to the student's building.