



Mayfield City School District

Gates Mills ♦ Highland Hts. ♦ Mayfield Hts. ♦ Mayfield Village

Authorization for Medications to be Taken During Overnight School Trip

The following section is to be completed by the **PARENT/GUARDIAN**:

School: _____ Grade: _____ Year: _____			
Student's Name: _____			
Last	First	Sex	Date of Birth
Address: _____			
Street	City	Zip	
<p>I have read and understand the Mayfield City Schools' guidelines for medications. I request authorized personnel to follow the medical instructions listed. I agree to see that the medication is in the original container with prescription label or packaging, to notify the school of any changes in the prescription and to only send enough medication needed for the length of the school trip. I give my consent to the school physician or 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.</p>			
____/____/____	_____ (____) _____	(____) _____	
Date	Parent/Guardian Signature	Home Phone	Emergency Phone

The following is to be completed by the **LICENSED PRESCRIBER**:

Reason for which medication is given:
Name of Medicine: Brand: _____ Generic: _____
Strength supplied: _____
Form: <input type="checkbox"/> Tablet/capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer <input type="checkbox"/> Other
Dosage to be given: _____
If medicine is to be given DAILY, at what times? _____
If medicine is to be given "WHEN NEEDED," describe indications: _____
How soon can it be repeated? _____
List significant side effects: _____
Length of time this medication is to be given: Start date: ____/____/____ Stop Date: ____/____/____
Any restriction of activities for this trip? _____
Special storage requirements <input type="checkbox"/> None <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other

(Licensed Prescriber's stamp)

Licensed Prescriber's signature

Date: ____/____/____

Telephone: (____) _____