

GOSHEN LOCAL SCHOOLS
GOSHEN, OHIO

Goshen High School
722-2227

Goshen Middle School
722-2226

Spaulding Elementary School
722-2225

Marr/Cook Elementary
722-2224

MEDICATION AUTHORIZATION

It is necessary that _____
Student Name Address

_____ School Class
have medication during school hours. He/she must take:

<u>MEDICATION</u>	<u>DOSAGE</u>	<u>TIME</u>	<u>DURATION</u>	<u>DATE ADMIN WAS BEGUN</u>	<u>DATE ADMIN IS TO STOP</u>
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Possible Reaction To Be Reported To Physician:

Specific Instructions For Administering Drug:

Diagnosis Or Indication For Medication:

(Physician's Signature)

(Phone Number)

I, the parent/guardian of _____ give permission for the medication
ordered by the above physician to be given at school.

I further agree to:

- 1) Deliver the medication to school. Parent/Guardian/Responsible Adult
- 2) Notify the school if I change physicians.
- 3) Physician to notify school (in writing) if the medication or dosage is changed or eliminated.
- 4) Hold the school and school staff free and harmless from any claim, suits for damages, injury, or any complications which may result from the prescribed administration of said medication.
- 5) I realize that my son/daughter may be administering his/her own inhaler. I also am aware that I will be held responsible should another student gain access to this medication.

Signature of Parent/Legal Guardian

Date

Phone

PLEASE COMPLETE FORM AND RETURN TO BUILDING SECRETARY

