File: JHCDA-E

MILFORD EXEMPTED VILLAGE SCHOOL DISTRICT ADMINISTRATION OF NON-PRESCRIPTION DRUGS TO STUDENTS PARENTAL AUTHORIZATION AND RELEASE FORM

Authorization form must be on file in the school clinic.

		full na							
			_School						
Dose	or ar	rug	Frequency						
Begir	nnina		rrequeriey	()					
conti	nuino	throug	n	(c	ate)				
001101		, 0112049.							
			WITHOUT A	PHYSICIA	N'S STA	TEMENT.		0 DAYS	/DOSES
PUSS1	rnie a	uverse .	reactions						
Physi	cian/	telepho	ne number						
I/We	are	e the	parent(s)	and	or gı	uardian (stud	in ent's	char full n	ge of
I/We	requ	est tha	t the Board	of Edu	cation	of the	e Milf	ord E	xempted
Villa	age So	chool D	istrict, or	its auth	orized	represe	entativ	<i>r</i> e adm	inister
			on-prescript	_	to my	child	in acc	cordan	ce with
my ir	nstruc	tions al	pove and agre	e to:					
1.	Submit this request to the person authorized by the Board Education to receive such request; (building principal assistant principal, school nurse, health aide, or in their alsence, Director of Human Resources).								pal or
2.	Make by	sure p the per	ersonally the son authorise purchased.	at the n	on-pres				
3.	Submit a REVISED STATEMENT signed by parent or guardian to the person designated by the Board of Education to receive request for administration IF ANY OF THE INFORMATION PROVIDED CHANGES.								equests
4.	thei	r design	Board of Edu ated represe n-giving of	ntative	from an	y liabi	lity c	oncern	ing the
Dated	d this		day of		2	20	•		
 Name	of St	udent			Home te	elephone			
2.020	01 00					3±0[9110110	11011100	_	
Alter	nate	number	for parent		Parent	(s)/Guar	dian(s)Signa	ture
Adopt	ed•	12/18/	97						
_	ewed:								
Revis		2001							
		June,	2006						
			16, 2007						

April 10, 2013