

School Year 2019-2020

GRADE \_\_\_\_\_

**AUTHORIZATION FOR TREATMENT**

I hereby authorize Gardiner Public School personnel to act on my behalf in the event of illness or injury to my child, (Name)\* \_\_\_\_\_ . I give my permission to Gardiner School personnel to request medical intervention and/or transport to the nearest facility and/or physician.

Does your child have asthma? \_\_\_\_\_ Yes \_\_\_\_\_ No. Is an inhaler required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list any current medications being taken, any allergies to medicine or any medical conditions that need special consideration.

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Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please fill out a separate form for each student enrolled at Gardiner School.*

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