

School Year 2024-2025

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.

Signature of parent or guardian: _____ Date: _____

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

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