

School Year 2016-2017

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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