

Millwood Public Schools 6724 Martin L. King Oklahoma City, Oklahoma	Policy: J-10-R2 Adopted: 6/28/04 Revised: 8/4/08
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AUTHORIZATION FOR ADMINISTRATION OF MEDICATION TO STUDENTS

Name _____ Grade _____

Teacher _____ School _____

Time to be administered _____ a.m. _____ p.m.

Date from _____ to _____

TO PARENT/GUARDIAN/INDIVIDUAL ASSUMING PERMANENT CARE OF CUSTODY:

1. Is the medication that you wish to administered to your child prescription medicine? _____. If so, please provide the name of the medical doctor who prescribed the medication. _____

2. Is the child's disability or illness such that the medication must be self-administered by the child (asthma, anaphylaxis, etc.) ____? If so, the student's medical doctor should include a statement to the effect in the child's prescription. The parent or guardian must provide a written statement from the physician treating the student that the student has asthma or anaphylaxis and is capable of, and has been instructed in the proper method of self-administration of medication (J-11-R1).

Prescription medication must be furnished by the parent or guardian with the original label prepared and attached by a pharmacist. The label must reflect the name, strength, and dosage of the medication and whether or not the medication may be

self-administered by a minor. Non-prescription medication must be in the original container that must reflect the name and strength of the medication.

3. This form must be signed by the parent/guardian of the child named herein. The signature of the prescribing physician may be required at the discretion of the principal or school nurse.

4. The parent/guardian will pick up any unused medication from the principal or school nurse at the end of the school year. Surplus or any remaining medication is not to be given to the student to take home.

Signature of Parent/Guardian/Individual
Assuming Permanent Care and Custody

Date

Physician's Signature
(required for self-administration of
medication)

Date