

Putnam City Schools Parent Consent Form for Student Medications

I have read the medication label, and my child does not have any health problem that could be made worse by taking this medicine. My child is not taking any other medication at home that could interact with this medicine and cause unwanted side effects. I will notify the school in writing if I want this medicine stopped. Otherwise, I understand that it will be kept in the clinic and will be administered as indicated below for the current school year by a school nurse or designated employee.

Medications must be picked up by the parent or a designated adult at the end of the year. Any medications not picked up will be destroyed.

Please give the medicine according to the following directions:

OVER-THE-COUNTER Medication

Fill out and return to school with a **NEW, UNOPENED** container of age and dose appropriate medicine.

Student: _____ DOB _____ Grade/ Teacher: _____

Medication: _____ Dosage: _____

Purpose: _____ Times to be given: _____

Dates to be given: _____ Allergies: _____

Current daytime phone number: _____

Signature of parent/guardian

Date

Special Instructions: _____

Prescription Medicine

Fill out and return to school with your child's medicine in its **ORIGINAL** prescription bottle or with the physician's order for sample medications.

May we have permission to contact the Doctor's office to clarify this medication order? YES NO

Student: _____ DOB _____ Grade/ Teacher: _____

Medication: _____ Dosage: _____

Purpose: _____ Times to be given: _____

Dates to be given: _____ Doctor's name: _____

Number of pills sent to school: _____ Allergies: _____

Current daytime phone number: _____

Signature of parent/guardian Date

Number of pills arrived at school: _____

Signature of Nurse/Health Aide/Secretary Date

Special Instructions: _____

If prescribed morning dose is missed at home, I authorize the school to give medication after parent contact. The morning dose is: _____.

Signature of parent/guardian

Date

"I hereby release Independent School District Number 1 of Oklahoma County, Oklahoma, the District commonly referred to as Putnam City Schools, its officers and its employees, from any and all liability resulting from my child carrying their asthma inhaler, epipen or diabetic supplies to and from school."

Signature of parent/guardian

Date