

Deer Creek School Parent Consent Form for Student Medications

I have read the medication label, and my child does not have any health problems 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 school employee.

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

OVER THE COUNTER MEDICATIONS

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

Student _____ Grade/Teacher _____
Medication _____ Dosage _____
Purpose _____ Times to be given _____
Dates to be given _____ Allergies _____
Signature of parent/guardian _____ Date _____

PRESCRIPTION MEDICATION

Fill out and return to school with your child's medicine in its **ORIGINAL** prescription bottle

Student _____ Grade/Teacher _____
Medication _____ Dosage _____
Purpose _____ Times to be given _____
Dates to be given _____ Allergies _____
Doctor's Name _____
Number of pills sent to school _____
Signature of parent/guardian _____ Date _____

Number of pills arrived at school _____

Signature of Nurse/Designated School Employee _____

Special Instructions _____

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

Signature of parent/guardian _____ Date _____

"I hereby release Independent School District Number 6 of Oklahoma County, Oklahoma, the District commonly known as Deer Creek Public Schools, its officers, and its employees, from any and all liability resulting from my child carrying their asthma inhaler, epi-pen or diabetic supplies to and from school."

Signature of parent/guardian _____ Date _____