

Anadarko Public Schools
Anadarko, Oklahoma

MEDICATION FORM

Because of the legal implications involving teachers and other staff who administer medication to children, it is required that this form be completed by the parent and/or physician regarding any medication that needs to be administered during school hours. All medicine must have a current prescription label with medicine which includes prescription label on the inhalers. It is understood this creates no responsibility or obligation on the part of the school faculty and staff but is done only as a service to the parent or child.

Dear _____(Principal),

I have read and understand the above paragraph and hereby authorize you or a member of your staff to give the medication(s) listed below to the student named on this form. This will be done at my request and you or the staff member will not be held accountable for any effects nor the outcome of administration of the medication nor shall you be held liable in any manner whatsoever for any act of negligence in giving such medication or any failure to give such medication.

Student's Name _____ School _____

(1) Name of medication _____ Dosage/Time _____

Reason for administering medication _____

(2) Name of medication _____ Dosage/Time _____

Reason for administering medication _____

(3) Name of medication _____ Dosage/Time _____

Reason for administering medication _____

(4) Name of medication _____ Dosage/Time _____

Reason for administering medication _____

Physician's name or signature _____ Phone _____

Parent/Guardian signature _____

Address _____ Home phone _____

Business phone _____

Date _____