



Authorization for Administration of Prescription Medication during School

The School Nurse, with written authorization from a parent/legal guardian and the physician, may administer prescription medication to a student. **Only medication brought to school in the original pharmacy container properly labeled with the student's name, current date, prescription number, and physician's name will be given.** Parents may request the pharmacist dispense two bottles of medication, one for home and one for school, if needed. A new authorization form must be filled out for each change of medication or dosage and must be renewed each school year. Medication that is not claimed by the end of the school year will be destroyed according to school policy.

TO BE COMPLETED BY THE PHYSICIAN:

Student's Name _____ Date of Birth _____

Medication _____ Dose _____ Time _____

Reason for Medication (if ordered prn, please indicate specific circumstances to be given) _____

Is this a controlled drug? _____ (*controlled drugs cannot be transported by the student*)

Restrictions and/or Important Side Effects _____

Allergies to Food and/or Medication _____

Physician's Name _____ Phone # _____

Physician's Signature _____ Date _____

TO BE COMPLETED BY PARENT/GUARDIAN:

I hereby authorize Bishop Kelley High School and its designated employees to administer to my child, _____, the lawfully prescribed medication in the in the manner described above. I understand that it is my responsibility to furnish this medication, and I certify that the child named above has previous taken at least one dose of the medication described above in the dosage described above and has not had any adverse reaction to it. *I understand that it may be necessary for the administration of medications to my child to be performed by an individual other than the School Nurse, and specifically consent to such practices.* I further understand and agree that I waive and release, on behalf of myself and on behalf of the student for which I am the parent/guardian, any claims that I might have against the Diocese of Tulsa, Bishop Kelley High School, their employees and agents of and from any claims arising out of the administration of said medicine. In addition, I agree to hold harmless their designated employees from and against any and all claims, damages, causes of action, injury or adverse drug reaction incurred or resulting from the administration, attempts at administration or omissions of said medication pursuant to the provisions of Oklahoma law, except for acts or omissions constituting gross, willful or wanton negligence.

Parent/Legal Guardian Signature _____ Date _____

Relationship to Student _____ Emergency Phone # _____