

Broken Bow Public 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 office and will be administered as indicated below for the current school year by a designated employee.

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: _____	Expiration date: _____
Purpose: _____	Times to be given: _____	
Dates to be given: _____	Allergies: _____	
Special Instructions: _____		
Parent's/guardian's current daytime phone number: _____		
_____	_____	_____
Signature of parent/guardian	Printed name of parent/guardian	Date

PRESCRIPTION Medicine		
Fill out and return to school with your child's medicine in the most current Pharmacy's ORIGINAL container WITH prescription label , or with the physicians 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: _____	Expiration date: _____
Purpose: _____	Times to be given: _____	
Dates to be given: _____	Doctor's name & phone: _____	
Number of pills sent to school: _____	Allergies: _____	
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: _____		
Parent's/guardian's current daytime phone number: _____		
_____	_____	_____
Signature of parent/guardian	Printed name of parent/guardian	Date

"I hereby release Broken Bow Schools in Broken Bow, Oklahoma, its officers and its employees, from any and all liability resulting from my child carrying their asthma inhaler, epinephrine injector or diabetic supplies to and from school."

_____	_____	_____
Signature of parent/guardian	Printed name of parent/guardian	Date