



MEDICATIONS AT SCHOOL

If at all possible, medications should be given to your child at home.

- If your child requires medication during the school day, a Medication Authorization Form must be completed by a parent or legal guardian.
 - Link to [Medication Authorization Form](#)
- Medications must be brought to the school by an adult.
- Medications must be kept by Sequoyah School Personnel.
- Prescription medications must be in an official Prescription Container.
 - An extra Container may be obtained by the pharmacy that issued the prescription
- Over the counter medication must be in the Original Packaging.
 - Please check expiration dates
- A New Medication Authorization Form must be completed for each new school year.

SEQUOYAH PUBLIC SCHOOLS

Medication Authorization Form

Oklahoma law states that the school nurse, administrator or other designated school employee shall not be liable to the students, parent or guardian of the student for civil damages for any personal injuries to the student which result from omission of the school nurse, administrator or other designated school employee in administering any medicine pursuant to the provisions of the law except for acts or omissions constituting gross, willful or wanton negligence.

Medication will be given to a student only with the written permission of a parent, the legal guardian or person responsible for student's care. Designated employees may not administer medications requiring invasive routes. Over the counter medications must be in original packaging with printed dosages appropriate for age or weight. Prescription medication must be in a currently dated prescription vial or properly labeled container, which correctly states the student's name, the name of the physician or dentist and directions for administering the medication. **Aspirin** (acetylsalicylic acid) may only be administered with written permission of the physician or dentist. **A new authorization form must be filled out for each change of medication and renewed each school year.** Medication that is not reclaimed by the last official day of school closing will be destroyed.

STUDENT NAME _____ DATE OF BIRTH _____

GRADE _____ EMERGENCY CONTACT NAME _____ PH# _____

PHYSICIAN or DENTIST ORDER

Diagnosis Requiring Medication _____

Name of Medication _____

Time to be given _____

Amount to be given _____

Start date _____

End date _____

Intended effect of medication _____

Side effects to expect _____

Is this a controlled drug? Yes No

(A minor cannot transport controlled drugs)

Physician's Name _____

AUTHORIZATION BY PARENT/GUARDIAN for the administration of the above medication by school personnel. I hereby authorize **Sequoyah Public Schools** and its designated employees to administer to my child lawfully prescribed medication in the manner described above. I ACKNOWLEDGE THAT IT MAY BE PERFORMED BY AN INDIVIDUAL OTHER THAN A SCHOOL NURSE, AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I acknowledge and agree that I waive any claims that I might have against the school district, its employees and agents arising out of the administration of said medicine. I agree to hold harmless its designated employees from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration, attempts at administration or omissions of said medicine pursuant to the provisions of Oklahoma law, except for act or omissions constituting gross willful, or wanton negligence. I further authorize the school nurse and /or designated employee to contact the above named physician(s)/ dentist(s) for medical information relevant to the care of the student during school and/or school sponsored activities.

Signature of Parent/Legal Guardian or
Person Responsible for Students Care _____

Date _____ Relationship to Student _____

Home ph# _____ Work ph# _____ Cell/Pager # _____