TULSA PUBLIC SCHOOLS
HEALTH SERVICES

PARENT/LEGAL GUARDIAN/PERSON RESPONSIBLE FOR STUDENT’S CARE
REQUEST FOR DESIGNATING AN ADULT TO TRANSPORT
MEDICATION/MEDICAL EQUIPMENT

The undersigned, parent/legal guardian/person responsible for the care of ___________
(student’s name)
who is enrolled as a student in ___________ grade at ___________________________ school,
hereby designate the following adult(s) to bring the following medication(s) __________
and/or the following medical equipment _________________ to the school health clinic.

<table>
<thead>
<tr>
<th>Name of Adult</th>
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<td>Name of Adult</td>
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I understand that by designating another adult, I am responsible for any loss, theft,
contamination, or inappropriate sharing of the medication(s) and/or medical equipment with
other individuals, prior to the item(s) reaching a designated staff member of the school. I also
understand that if this arrangement creates difficulties, I will be contacted to review/revise my
request.

Date: ________________________ Date: ________________________

Parent/Legal Guardian/Person Responsible
for Student’s Care

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Phone Number

HD 38