

GREAT PLAINS

Technology Center

REQUEST FOR SELF MEDICATION

Student Name _____ Date _____

I certify that I am the ___ parent or ___ legal guardian of the student named above who is a secondary student at Great Plains Technology Center. I request that _____ be permitted to possess and self-administer _____ medication during the current school year.

I have attached a physician's statement that states _____ has _____ and is capable of and has been instructed in the usage and proper method of self-administration of this medication.

I agree that I will provide Great Plains Technology Center with an emergency supply of the student's medication to be administered pursuant to the provisions of Section 1-116.2 of Title 70 of the Oklahoma Statutes.

I give my consent for an instructor or another adult to administer _____ medication to _____ should the need arise and this student is unable to administer it himself/herself.

I understand that Great Plains Technology Center and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student or another adult.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date