

Owasso Public Schools
Parent Permission to Give Short-Term Medication

Student's Name

Grade/Teacher

Date

Medication

Dose (Amount)

Time To Be Given

Other Instructions

- Medication will be dosed and administered according to directions on the box. (Any dosing needed outside of this will require a physician's order.)
- Medication will be kept in the nursing office and CAN NOT BE carried by the student at any time.

I, _____, the parent or legal guardian of _____ ("Student") request that the school nurse or designated school representative administer the above medication to my Student. I have given the first dose of Student's medication at home, if applicable. I fully release and indemnify Owasso Public School, its employees, agents, and representatives from all responsibility and liability of any side effects, adverse reactions, or any other result of administration of the medication. I also understand this agreement is only good for the current school year.

Parent's Signature

Phone Number