Moore Public Schools Medication Consent Form

Student:	School:		Teacher:	Grade:
Student		317		
PLEASE FILL OUT THE FOLLOWING	. ALL MEDICATIONS MUST H	HAVE THE FOL	LOWING FILLED OUT BY A PI	HYSICIAN/NURSE PRACTITIONER/
DHYSTCTAN'S ASSISTANT.				
	his form will only be valid for the	current school	vear. A new form is required year	<u>rly.</u>
	PLEASE USE A SEPA	RATE FORM FO	R EACH MEDICATION	
Ad It alter	r	Diagnosis		
Medication:	or generic	Diagriosis,		
Docade:	Time(s) t	to be given a	t school:	
Method of administration:Lic Topical: apply where	uidTabletInhaler		Drops:Eye R L	Ear R L
Topical: apply where		Othe	r:	
Topical: apply where Effective Dates: From//	to//			
Docciblo side effects:				
If medication is PRN (as needed	d), please specify:			
	Can mediantian be rer	Signs ar	YesNo How many t	mes?
Frequency of Administration	can medication be rep	beateu:	iesNo now many c	mes:
rrequency of Administration				
Physician's Name (Please print)	Physician signature		Physician's phone	Date
	TO BE COMPLETED	DV THE D	ARENT/GUARDIAN:	
I have read the procedure for n	TO BE COMPLETED	and I horoby	request and authorize Mod	are Public Schools personnel to
I have read the procedure for n		indomnify	and hold harmless Moore	Public Schools and any of their
administer this medication as di	rected. I agree to release	e, maeminy,	in a spirat than for admir	pictoring modication to this
officers, staff members, or ager	its from lawsuit, claim, dei	mand, or act	ion against them for admi	istering medication to this
student. I understand that μ	<i>permission</i> is <i>granted</i> fo	or exchange	of verbal and/or writte	an communication between
the school staff and the pre	scribing physician/dent	tist regardi:	ng this medication.	
Signature of Legal Parent/Guardian			Date	

	CONTRA	CT FOR EX	CEPTION:	2011
77	O SELF-ADMINISTER AL			ON
*Provisions under 70 O.S. 1	1004 Cartier 1 116 2 and	the Moore D	ublic Schools Policy #7150	allow a student to self
administer a <i>prescribed a</i>	.984, Section 1-116.5 and	edication of	lishetic medication or r	enlacement pancreatic
administer a <i>prescribed a</i>	Strima, anapilyiactic inc	eurcation, u	prized by the prescribing p	hysician. The parent/ guardian
<u>enzymes</u> . Approval to self	administer medications if	iust be autil	a student's modification	Tysician. The parenty guardian
of the student is to provide	the school an emergency	supply of the	e student s medication.	
		in th	a meanar usa of his/har me	adication and it is my
I have instructed		in th	e proper use of his/her me	should be allowed to carry and
		if-administra	tion of the medication and	should be allowed to carry and
use that medication by him	self/herself.			
				190 1
			Data	-
Physiciar	n signature		Date	
I understand this request is	governed by Moore Public	c Schools red	ulations on self-administra	ation of medication and there
Tullderstand this request is	ns to solf-administration	I have instri	icted my child to inform so	thool personnel if symptoms
are conditions and exception	ins to sen-auministration.	if pooded	I also understand that this	nermission may be revoked if
persist so additional emergi	ency care can be obtained	, ii lieeded.	Caboola ita agonta and or	permission may be revoked if
my child misuses the medic	ation. I understand that I	vioore Public	Schools, its agents and er	nployees shall incur no liability
for any adverse reaction or	injury suffered by this stu	dent as a res	suit of seir-administration.	di antino
We, the undersigned, absol	ve the school of any respo	onsibility in s	ateguarding our child's me	aication.
Signature of L	egal Parent/Guardian		Date	