

# Moore Public Schools Medication Consent Form

Student: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**PLEASE FILL OUT THE FOLLOWING. ALL MEDICATIONS MUST HAVE THE FOLLOWING FILLED OUT BY A PHYSICIAN/NURSE PRACTITIONER/PHYSICIAN'S ASSISTANT.**

*This form will only be valid for the current school year. A new form is required yearly.  
PLEASE USE A SEPARATE FORM FOR EACH MEDICATION*

Medication: \_\_\_\_\_ Trade name or generic      Diagnosis: \_\_\_\_\_

Dosage: \_\_\_\_\_      Time(s) to be given at school: \_\_\_\_\_

Method of administration:  Liquid    Tablet    Inhaler      Drops:  Eye R L    Ear R L

Topical:  apply where \_\_\_\_\_      Other: \_\_\_\_\_

Effective Dates: From   /  /   to   /  /  

Possible side effects: \_\_\_\_\_

If medication is PRN (as needed), please specify: \_\_\_\_\_

\_\_\_\_\_ Frequency of Administration      Can medication be repeated?  Yes  No      Signs and symptoms How many times? \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (Please print)      Physician signature      Physician's phone      Date

### **TO BE COMPLETED BY THE PARENT/GUARDIAN:**

I have read the procedure for medication administration and I hereby request and authorize Moore Public Schools personnel to administer this medication as directed. I agree to release, indemnify, and hold harmless Moore Public Schools and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering medication to this student. **I understand that *permission is granted for exchange of verbal and/or written communication between the school staff and the prescribing physician/dentist regarding this medication.***

\_\_\_\_\_  
Signature of Legal Parent/Guardian      Date

### **CONTRACT FOR EXCEPTION:**

#### **TO SELF-ADMINISTER AND RETAIN MEDICATION ON PERSON**

\*Provisions under 70 O.S. 1984, Section 1-116.3 and the Moore Public Schools Policy #7150 allow a student to self administer a **prescribed asthma, anaphylactic medication, diabetic medication or replacement pancreatic enzymes**. Approval to self administer medications must be authorized by the prescribing physician. The parent/ guardian of the student is to *provide the school an emergency supply of the student's medication.*

\_\_\_\_ I have instructed \_\_\_\_\_ in the proper use of his/her medication and it is my professional opinion that this student is capable of self-administration of the medication and should be allowed to carry and use that medication by himself/herself.

\_\_\_\_\_  
Physician signature      Date

I understand this request is governed by Moore Public Schools regulations on self-administration of medication and there are conditions and exceptions to self-administration. I have instructed my child to inform school personnel if symptoms persist so additional emergency care can be obtained, if needed. I also understand that this permission may be revoked if my child misuses the medication. I understand that Moore Public Schools, its agents and employees shall incur no liability for any adverse reaction or injury suffered by this student as a result of self-administration. We, the undersigned, absolve the school of any responsibility in safeguarding our child's medication.

\_\_\_\_\_  
Signature of Legal Parent/Guardian      Date

## **Moore Public School Medication Policy**

- Only medication that has been prescribed for a student by a physician/dentist will be administered by school personnel.
- It is the responsibility of the parent/guardian of the child to provide any medication to be given at school.
- The parent/guardian must sign a Moore Public Schools Medication Consent form which states the name of the medication, the amount to be given, the time to be given and the duration of time the medication needs to be given.
- No medication shall be administered unless a completed Medication Consent Form is supplied to the school with the medication.
- A new Medication Consent Form must be completed for any change in medication, dosage, time or duration. Telephone permission will not be accepted.
- Prescription medication must be brought to school in a prescription vial with the pharmacy label that states physician/dentist name, name and dosage of the medication and the directions for administration. Written physician authorization is also required.
- Non-prescription medication must be brought to school in the original container and accompanied by the physician/dentist written request and instructions for administration of the medication at school.
- Sample drugs must be accompanied by a physician's written order, specifying the dosage, frequency, and directions for administration.
- Medication that is to be given for longer than 10 days or "only when necessary" will require a written and signed statement by the physician/dentist.
- Only FDA approved medication will be given at school.
- Herbal and homeopathic supplements will not be given at school.
- Aspirin or medications containing aspirin will be given at school only with a physician's written order. (Example: Pepto-Bismol or any similar generic brands)
- Requests from a parent/guardian to change the dosage of any medication beyond that listed on the label will not occur without the written confirmation from the prescribing physician/dentist.
- All medication to be given at school must be kept in the school office, regardless of the student's age. Exceptions are made for emergency medications (such as inhalers, Epi-Pens, pancreatic enzyme replacements and insulin) which may be carried by a student AFTER the school receives the completed Medication Consent Form, signed by the parent and physician, stating that it is necessary for the medicine to remain with the student.
- No medication will be sent home with elementary, junior high or high school students. The parent/guardian must pick up the student's medication. For all school levels, medication not picked up at the end of the school year will be appropriately destroyed.
- All medication must be dropped off with a school employee by a parent/guardian. Each time a medication is dropped off or picked up from the school, it will be counted with a school employee and the parent/guardian. The count will be documented on the Pill Count Sheet. Medications will NOT be accepted from a student. The parent/guardian will be called and asked to pick up the medication from the school.