

Vici Public Schools Medication Request and Release Form

Student _____ School: _____ Teacher: _____

OVER-THE-COUNTER MEDICATION TO BE COMPLETED BY THE PARENT

Fill out and return to school with a **New Unopened Container** of age and dose appropriate medication.

Medication: _____ Dosage: _____

Purpose: _____ Times(s) to be administered: _____

**Note: The parent/guardian will be contacted each time it is necessary to administer this medication.*

PRESCRIPTION MEDICATION TO BE COMPLETED BY THE PHYSICIAN

Vici Public Schools discourages the administration of medication to students in school if possible. 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: _____ Diagnosis: _____
Trade Name and/or Generic

Dosage: _____ Time(s) to be given at School: _____

Method of administration: ORAL 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: _____

_____ Signs and Symptoms
_____ Can Medication be Repeated? Yes No How Many times? _____
Frequency of Administration

Physician's Name (Please Print) Physician or Representative's Signature Physician's Phone Date

****SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL**

Provisions under 70 O.S. 1984, Section 1-1163, allows students to self-administer prescribed asthmatic, diabetic, or allergic medication. Approval to self-administer medications must be authorized by the prescribing physician. **The parent or 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's Signature _____
Date

TO BE COMPLETED BY THE PARENT/GUARDIAN

I have read the procedure for medication administration (on the reverse side of this form) and I hereby request and authorize Vici Public Schools personnel to administer this medication as directed. I agree to release, indemnify, and hold harmless Vici 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 Contact Phone

Vici Public Schools
Procedure for Medication Administration

If it is necessary that a medication be given during school hours, the following requirements must be met:

- Medication will not be administered in school or during school-sponsored activities without a Medication Request and Release Form being signed by the legal parent or guardian.
- Prescription medication must be ordered or advised by a licensed physician/dentist and **permission is granted** for exchange of verbal and /or written communication between the school staff and the prescribing physician/dentist regarding this medication.
- Prescription medicine must be brought to school in the current original container with pharmacy label intact. The label must have the student's name, name of medication, dosage and time to be given. If the medication is **not** properly labeled, it will **not** be given.
- Parents/guardians may ask the pharmacist for a separate container labeled just for the school time dose.
- **Over-the counter medications must be in an unopened original container.** Student's name must be written on the box/bottle, the dosage and frequency to be given must be consistent with the label instructions. **Medication cannot and will not be accepted in baggies or envelopes.**
- For student's safety, it is required that the parent/guardian bring the medication to the school office.
- The school cannot send any medications home with the students.
- At the end of the school year, any remaining medication must be picked up by the parent/guardian **within one week**, or it will be destroyed.
- By signing the Medication Request and Release Form, the parent/guardian with legal custody understands that under state law the Board of Education, the Vici Public Schools, or employees of the District shall not be liable to the student or the student's parents or guardians for civil damages for any personal injuries to the student which result from acts of omissions and/or adverse effects of this medication.
- The parent/guardian agrees to provide medication and any particulars connect with administering medication at their own expense.
- The parent/guardian will promptly notify the school of any change in the administration of this medication and will provide the school with a new prescription bottle and physician order. Written or verbal changes from parent/guardian **cannot** be accepted.
- The parent/guardian will notify the school of any physician change and obtain a new written prescription.