



**PRYOR PUBLIC SCHOOLS**  
**REQUEST FOR ADMINISTRATION OF MEDICATION/PROCEDURE**  
**PARENT/GUARDIAN CONSENT FORM**

**NAME OF CHILD:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **School Year** \_\_\_\_\_

**BEGINNING DATE:** \_\_\_\_\_ **SCHOOL/GRADE** \_\_\_\_\_

This form provides authorization from the health care provider and the parent/guardian for the following medical treatment to be provided during school hours.

This document must be completed and signed by the prescribing health care provider and the parent/guardian BEFORE the procedure can be done in the school.

**PHYSICIAN'S ORDERS FOR MEDICATION /PROCEDURE**  
**( To Be Filled out by Doctor's Office )**

Med. Name or Procedure	Dosage	Time	Physician	Diagnosis

\_\_\_\_\_  
**Physician's Signature** **Date**

**Please initial the following options:**

- \* Medication/procedure to be given/performed on early out days \_\_\_\_\_ YES \_\_\_\_\_ NO
- \* Medication on a field trip will be : ( Parent and MD: Please initial one of the following)
  - 1) Omitted that day: Parent \_\_\_\_\_ Physician \_\_\_\_\_
  - 2) Given before field trip or on return Parent \_\_\_\_\_ Physician \_\_\_\_\_
  - 3) Must be given as ordered, cannot be altered: Parent \_\_\_\_\_ Physician \_\_\_\_\_

- \* I request that the School designee administer the medication listed above
- \* I understand that I need to have a Physician's Order signed by the doctor annually BEFORE the medication or procedure can be done in the school. I agree that this plan is in effect for the current school year and summer school.
- \* I understand that the first dose of any new medication needs to be given at home
- \* I understand a new form must be completed when there is a change to the order
- \* By signing this document, I give permission for this Health Care Provider to share information about this medication/procedure with the school designee.
- \* Medication must be furnished in a current original pharmacy container with student's name, name of medication, strength, and dosage to be given.
- \* When there is a change in medication or dosage, a new labeled container from the pharmacy indicating the new dose/time is also required.
- \* Non- prescription medication must be furnished in the original container from the manufacturer.
- \* I acknowledge that the school district may not incur liability as a result of any injury arising from the administration of medication and that the parent shall indemnify and hold harmless the school district and its employees and agents against any claims, except a claim based on an act of omission, that is the result of gross negligence, willful and wanton conduct, or an intentional tort.

Is child taking any other medication(s) at home? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of other medication(s): \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date** **Phone**