

OREGON CITY SCHOOLS  
PARENT/GUARDIAN REQUEST FOR THE ADMINISTRATION OF  
PRESCRIPTION MEDICATION BY SCHOOL PERSONNEL

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Name and Strength of Medication \_\_\_\_\_

Dose of Medication \_\_\_\_\_

Times to Give this Medication \_\_\_\_\_

Reason for this Medication \_\_\_\_\_

Specific Instructions for Administration \_\_\_\_\_

Reactions Which Should be Reported to the Physician \_\_\_\_\_

Special Instructions (storage and sterile requirements, etc) \_\_\_\_\_

Starting Date of this Request \_\_\_\_\_ Ending Date of this Request \_\_\_\_\_

School personnel approved by Oregon City Schools are authorized to administer the above medication. Authorization must be renewed each school year. No employee who is authorized by the Board to administer a prescribed drug and who has a copy of the most recent statement is liable in civil damages for administering or failing to administer the drug, unless he/she acts in a manner which would constitute "gross negligence or wanton or reckless misconduct."

As parent/guardian, I agree to:

- 1) Return to school this completed and signed request form.
- 2) Deliver the medication to school in the original container.
- 3) Label the medication with the child's name.
- 4) Notify the school principal or designated person of any change in healthcare provider and or change in medication, dosage or procedure to be changed or eliminated

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician or HealthCare Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone Number