

PARENTAL AUTHORIZATION TO ADMINISTER MEDICINE

TO: DICK CURREY, PRINCIPAL
COMMERCE MIDDLE SCHOOL
500 EAST COMMERCE
COMMERCE, OK. 74339

I am the parent with legal custody or the legal guardian of _____, a student attending Commerce Middle School. This student requires medication at intervals during the school day.

I hereby give my consent and authorize Patricia Hall-Secretary, Linda Bachman-Aide, or Dick Currey-Principal to:

Administer _____, a non-prescription medication which I am hereby supplying you, in accordance with the written instructions of the child's physician which is attached hereto.

Administer _____, a filled prescription medication which I am hereby supplying you, in accordance with the directions for the administration of the medicine listed on the label of the vial.

Administer _____, a filled prescription medication which I am hereby supplying you, in accordance with the written instructions of the physician prescribing the medicine, which is attached hereto.

I understand that under state law the Board of Education, the Commerce School District, or employees of the District shall not be liable to the student or the student's parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medicine I have hereby authorized.

Dated this _____ day of _____, 198__.

Parent with Legal Custody or Guardian

Address

WITNESS:
