



**BETHANY PUBLIC SCHOOLS**  
**Medication Administration Authorization and Release Form**



Student: \_\_\_\_\_ Student Birth Date: \_\_\_\_\_

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

**OVER-THE-COUNTER MEDICATION** **TO BE COMPLETED BY THE PARENT/GUARDIAN**

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

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Purpose: \_\_\_\_\_ Time(s) to be administered: \_\_\_\_\_  
 Dates to be given: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

**PRESCRIPTION MEDICATION** **MUST BE COMPLETED BY PRESCRIBING PHYSICIAN**

Bethany Public Schools discourages the administration of medication for students in school if possible. Medication label and Medication Authorization and Release must match. 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 Generic Name

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

Method of administration: ORAL  Liquid  Tablet  Inhaler DROPS  Eye R L  Ear R L  
INTRAMUSCULAR INJECTION

TOPICAL: Apply where \_\_\_\_\_ OTHER \_\_\_\_\_

Effective Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Possible Side Effects: \_\_\_\_\_  
Signs and Symptoms

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

Frequency of Administration \_\_\_\_\_ Can Medication be Repeated?  Yes  No How many times? \_\_\_\_\_

Physician's/Provider Name (Please Print) \_\_\_\_\_ Physician or Representatives Signature \_\_\_\_\_ Physician's/Provider Phone \_\_\_\_\_ Date \_\_\_\_\_

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

Provisions under 70 O.S. 1984, Section 1-1163, allow student 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 above medication, and should be allowed to carry and use the medication by himself/herself.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

I have read the Authorization and Release Requirements for medication administration (*on the reverse side of this form*) and I hereby request and authorize Bethany Public Schools' personnel to administer this medication as directed. I agree to release, indemnify, and hold harmless Bethany 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. I also understand that any remaining medication must be picked up by legal parent/guardian on or before the last day of school or the medication will be destroyed.

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

**BETHANY PUBLIC SCHOOLS**  
**MEDICATION AUTHORIZATION AND RELEASE REQUIREMENTS**

If it is necessary that a medication be given during school house the following requirement must be met:

- Medication will not be administered in school or during school-sponsored activities without a current year Medication Authorization and Release Form filled out properly and signed by legal parent or guardian.
- Prescription medication must be ordered or advised by a licensed physician/dentist, and permission is granted for exchange or verbal and/or written communication between the school staff and the prescribing physician/dentist regarding this medication.
- Prescription medication 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. Prescribing physician/provider must complete and sign/date Medication Authorization and Release Form. If the medication is not properly labeled or does not match the Medication Authorization and Release Form, 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 label instructions. Only FDA Approved medications will be administered by school staff.

**\*\*\*\*\*Medication cannot and will not be accepted in baggies or envelopes\*\*\*\*\***

- For student's safety; it is recommended that the parent/guardian bring the medication to the school and give directly to Health Services staff.
- The school cannot send medications home with students.
- At the end of the school year, any medication remaining must be picked up by the legal parent/guardian, on or before the last day of school, or the medication will be destroyed.
- By signing the Medication Authorization and Release Form, the parent/guardian with legal custody understands that under state law; BPS Board of Education, Bethany Public Schools, or employees of the District shall not be liable to the student or the student's parents or guardian 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 connected 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 new Medication Authorization and Release. Written or verbal changes to medications from parent/guardian cannot be accepted.