



WYANDOTTE SCHOOLS

1st & School Street • P.O. Box 360 • Wyandotte, OK 74370
Superintendent (918) 678-2255
High School • (918) 678-2222 • Middle School
Elementary (918) 678-2299 • Fax (918) 678-3907



This school does not supply students with any type of medicine. If you want your child to have medicine at school, please label it with student name and send it with them. It will be kept in the office until needed. Students should pick up all medicines at the end of the school year or it will be disposed of.

TO: _____
Principal

School

I am the parent with legal custody, legal guardian, or individual assuming permanent care and custody of: _____, a student attending **Wyandotte Public Schools**. This student requires medication at all intervals during the school day.

I hereby give consent and authorize the principal and/or employee of the school designated by the principal to:

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

Administer _____, a filled prescription medication which I am hereby supplying, in accordance with the written instructions of the child's physician which are attached.

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

Permit student: _____ to retain the medication on his/her person due to the need of medication needing to be administered at unpredictable intervals throughout the course of the day. A physician's statement that the student is capable of, and has been instructed in the proper method of, self-administration of medication is attached.

I understand that under state law, the board of education, the school district, or employees of the district shall not be liable to the student or student's parent(s) or guardian(s) for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medication I have authorized or from the self-administration of medication by the student.

Signature
Parent with legal custody,
Guardian or person assuming
Permanent care and custody

Date: _____

Witness