

FAIRVIEW SCHOOLS MEDICINE POLICY/PERMISSION FORM

Due to concerns and questions concerning the administration of medicine to students by school personnel, the Board of Education has clarified and reaffirmed the following:

NO EMPLOYEE OF THE FAIRVIEW SCHOOL SYSTEM IS PERMITTED TO ADMINISTER ANY KIND OF ORAL MEDICINE TO A STUDENT WITHOUT WRITTEN PERMISSION FROM PARENTS OR GUARDIAN. We must also follow the directions on prescription medication as authorized by a licensed physician.

MINOR CUTS AND ABRASIONS WILL BE TREATED WITH BASIC FIRST AID.
Those supplies include soap and water, ice, hydrogen peroxide, alcohol, hydrocortisone cream, antibiotic ointment and eye drops.

It is permissible for a student to administer his own medicine if a parent signs the following release. **The student must turn in all medication to the office.**

RELEASE FROM PERSONAL LIABILITY

This form when signed by the parent or guardian of said student, releases from personal liability, any school employee or Board of Education member of District I-84, Fairview, Oklahoma, for said student who:

ADMINISTERS HIS OWN ORAL PRESCRIPTION /NONPRESCRIPTION MEDICINE IN OR ON THE SCHOOL PREMISES OF DISTRICT I-84.

It is further agreed by the undersigned parent or guardian that said student is stated to be capable of recognizing and administering his own prescription or nonprescription medicine in prescribed dosage and at the prescribed time. Therefore, if the student inadvertently takes too much, or the wrong prescribed medicine, or reacts in any way to such mistakes, then school employees or Board of Education members may not be held liable.

The following medications are available to the student. Dosage will be made available according to weight. Parent's signature indicates permission given to monitor the medications listed below unless otherwise noted by you.

Tylenol Junior Strength
Generic (Acetaminophen-non aspirin), 500 mg each
Tums
Prescription medication from home as provided by parent/
guardian according to the medication policy in the handbook.

I hereby authorize the Oklahoma Immunization Service to Release my Immunization records and information located within the Oklahoma State Immunization Information System (OSIIS) to Fairview Public Schools for any reason unless written notice of denial is given.

Student's full name	Date of Birth	Grade
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Parent/Guardian Signature

Date

Home Phone: _____ Cell Phone: _____

FAIRVIEW SCHOOL STUDENT HEALTH RECORD

Check any of the following conditions your child has, including medications that are taken at home and/or school.

____ ADD/ADHD Kind/time of meds: _____

_____ Allergies _____ Food _____ Meds: _____

Insect Bites _____ Meds _____

Other _____

_____ Asthma _____ Mild _____ Moderate _____ Severe _____ Exercise Only _____ Inhaler

_____ Blood Disease Kind: _____

_____ Cancer Treatment: _____

_____ Kidney Disease Kind: _____ Treatment _____

_____ Convulsions or Seizures Kind: _____

Treatment: _____

____ Counseling/Counselor _____

	Diabetes Type:	Treatment
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_____ Ear/Hearing Problems _____ Hearing devices _____ Surgery

Heart Disease Kind: _____ Meds _____

_____ Surgeries _____

_____ Learning Disabilities Kind: _____

_____ Orthopedic/bone problems _____

Other conditions that may affect child's ability to perform in school