

**REGULATION
PARENTAL AUTHORIZATION
FOR DISPENSING PRESCRIPTION MEDICATIONS**

**Tonkawa Public Schools
Parental Authorization for Dispensing Prescription Medications**

I, _____, am the parent with legal custody or the legal guardian of _____, a student attending _____ School. If this student requires medication at intervals during the school day, I hereby give my consent and authorize the school authorities to

_____ Administer a non-prescription medicine which I am hereby supplying you. The medicine is to be administered in accordance with attached written instructions from the child's physician.

_____ Administer a filled prescription medication which I am hereby supplying you. The medicine is to be administered in accordance with the instructions on the label.

_____ Administer a filled prescription medication which I am hereby supplying you. The medicine is to be administered in accordance with attached, written instructions from the physician.

I understand that under state law, the board, the 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.

Parent with legal custody or Guardian

Address

Telephone

Witness (Name Printed and Signed)