Permission for Student to Carry and Self-Administer Medication

Student Name	DOB	Grade
	To Be Completed by Student	
I have read and understand the media responsible for the safeguarding of th	cation policy on the reverse side of	
Student Signature		_Date
	To Be Completed by Parent	
I am the parent/guardian with legal cumedication policy on the reverse side administer the physician-ordered me employees and agents shall incur no medication by my child. I understand medication.	e of this form. I request that my cledication listed below. I understantiability as a result of any injury arisi	hild be allowed to carry and self- nd that the school district and its ing from the self-administration of
Parent/Guardian Signature		Date
	To Be Completed by Physician	
Student Name	Diagnosis	
Medication Order:		
Note: If ordered PRN, the int	terval for repetition of the dose mus	t be specified.
Side Effects to Expect		
I verify I am providing treatment for th been instructed in the proper method		
Physician's Name		_Phone
Physician's Signature		_Date

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Student-Carried Medication

Oklahoma law and Broken Arrow Public Schools' policies allow certain school employees to administer medications as long as specific guidelines are followed. Oklahoma law does not address physician approved student-carried and self-administered medication other than inhalers. When physicians and parents request that medication be student-carried and self-administered, this policy will be followed.

- Carrying medication or self-administration of medication without specific prior permission is strictly prohibited.
- Only those medications that are considered to be life sustaining such as inhalers, or epi-pens may be carried by students in grades Pre-K-12.
- Controlled substances may not be student carried and self-administered under any circumstance. Controlled substances must be administered by designated school personnel.
- No experimental or investigational drug without proper FDA approval or expired medication will be self- administered at school.
- A completed "Permission for Student to Carry and Self Administer Medication" form must be on file in the Health Room for any emergency medication carried by a student in grades PreK-12. A new form is required each school year. In the event of a change in dosage amount or time of administration, a new form must be completed.
- Prescription medication must be in a pharmacy container and properly labelled by a pharmacist or licensed physician. The label must contain the following:

Name of student Time(s) to be administered

Current date Physician's name

Name of medication Pharmacy name and phone number

Dosage

- Medications may not be self-administered in a manner other than that specified on the label without written instructions from a licensed physician.
- It is the responsibility of the prescribing physician and/or the parent/guardian to educate the student regarding all aspects of self-administration and custody of medications.
- Any student, who carries an approved medication, is responsible for safeguarding that medication.
 Employees of Broken Arrow Public Schools will not be responsible for monitoring administration, effects, custody, disposal, or any other aspect of student carried medications. These responsibilities rest with the student and parent/guardian.
- The school district and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by any student.
- Permission to carry medication may be withdrawn for failure to comply with any aspect of this policy.

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