

**TULSA PUBLIC SCHOOLS
HEALTH SERVICES**

**PARENT/LEGAL GUARDIAN/PERSON RESPONSIBLE FOR STUDENT'S CARE
REQUEST FOR DESIGNATING AN ADULT TO TRANSPORT
MEDICATION/MEDICAL EQUIPMENT**

The undersigned, parent/legal guardian/person responsible for the care of _____
(student's name)
who is enrolled as a student in _____ grade at _____ school,
hereby designate the following adult(s) to bring the following medication(s) _____
and/or the following medical equipment _____ to the school health clinic.

Name of Adult

Name of Adult

Name of Adult

Name of Adult

Name of Adult

Name of Adult

I understand that by designating another adult, I am responsible for any loss, theft, contamination, or inappropriate sharing of the medication(s) and/or medical equipment with other individuals, prior to the item(s) reaching a designated staff member of the school. I also understand that if this arrangement creates difficulties, I will be contacted to review/revise my request.

Date: _____

Date: _____

Parent/Legal Guardian/Person Responsible
for Student's Care

Parent/Legal Guardian/Person Responsible
for Student's Care

Address

Address

Phone Number

Phone Number