

**TULSA PUBLIC SCHOOLS  
HEALTH SERVICES**

**PARENT/ LEGAL GUARDIAN/PERSON RESPONSIBLE FOR  
STUDENT'S CARE  
REQUEST FOR MEDICATION SUPPLY EXEMPTION**

The undersigned, Parent(s)/Legal Guardian or Person Responsible for the care of \_\_\_\_\_  
(student's name)

who is enrolled as a student in the \_\_\_\_\_ grade at \_\_\_\_\_ School,

hereby request, in accordance with the medication guidelines, an exemption to 30 day supply of

medication for the school year \_\_\_\_\_ - \_\_\_\_\_. I will bring a \_\_\_\_\_ supply of

\_\_\_\_\_. My reason(s) for requesting the

exemption is/are as follows:

Remarks:

I understand that if storage space becomes a problem, or if the medication reaches the expiration date, I will be contacted to review/revise my request.

Date: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

Note: This request shall not extend beyond the current school year.

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DISTRIBUTION: Original – School Health Clinic

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

HD 38A1