

PARENT/GUARDIAN CONSENT FOR ADMINISTERING MEDICATION AT SCHOOL

(TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN)

Student Name: _____ Birthdate: _____

Sex: _____ School: _____ Grade: _____ Teacher: _____

Parent/Guardian: _____ Relationship to student: _____

Phone numbers: (home) _____ (cell) _____ (work) _____

Students Mailing Address: _____

Street

City

St.

ZIP

Emergency contacts if Parent/Guardian is not available:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

List the **student's allergies** (medications, foods, etc...): _____

Describe reaction: _____ **Epi-Pen:** Yes / No **Benadryl:** Yes / No

Is student a **car rider** __yes__ __no__ or does the student ride a bus? Bus # _____ Driver _____

1. I give permission to the school nurse or the designated unlicensed trained personnel to administer

_____ to _____ As prescribed by _____
Name of Medication Name of Student Name of Doctor\Dentist

2. I want my student to take the medication on early release days Yes / No

3. I give permission to the school nurse to share with appropriate school personnel information (such as adverse side effects) relative to the above mentioned medication as the nurse deems necessary for the above mentioned child's safety. YES: _____ NO: _____

4. I understand that I may only pick up the medication from school with a note from the doctor stating that the child will no longer take the medication at school and that **I must pick up any unused medication within 3 working days after the last day attended by student for the school year or it will be destroyed.**

YES: _____ NO: _____

The Grant Parish School Board Medication policy states:

"The school and its employees shall incur no liability as a result of any injury sustained by the student from the self-administration of medications used to treat asthma or anaphylaxis. The parent or other legal guardian of the student shall sign a statement acknowledging that the school shall incur no liability and that the parent or other legal guardian shall indemnify and hold harmless the school and its employees against any claims that may arise relating to the self-administration of medications used to treat asthma or anaphylaxis."

"A student who uses any medication permitted by this policy in a manner other than as prescribed shall be subject to disciplinary action; however, such disciplinary action shall not limit or restrict such student's immediate access to such prescribed medication."

Signature of Parent/Guardian

Relationship to student:

Date