

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: _____

What is your child allergic to? (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 _____

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

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

I, the parent/guardian, agree to:

- Cooperate in counting the medication with the designated school personnel who receives it and sign the medication Receipt form.
- Cooperate with school staff to provide for safe, appropriate administration of medications to students, such as positioning and suggestions for liquids or foods to be given with the medication.
- Assist in the development of the emergency plan for the student.
- Comply with written and verbal communication regarding school policies.
- Grant permission for school nurse/physician/dentist/other authorized prescriber consultation.
- Grant permission for the school nurse to share with appropriate school personnel, information relative to the above mentioned medication as the nurse deems necessary for the above mentioned child's safety.
- Remove or give permission to destroy unused, contaminated, discontinued, or out-of-date medications according to the school guidelines.

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."

I have read, understand, and agree to comply with the above information.

Signature of Parent/Guardian

Relationship to student:

Date