

Richland Parish School Board

RELEASE OF MEDICATION

Date: _____

Student: _____

School: _____

MEDICATION RELEASED: _____

- # of pills: _____
- other: _____

Medication released to :

_____ Bobbie Lord, RN

_____ Wendi Chevalier, RN

_____ School Personnel, _____

**This medication and other appropriate paperwork will be kept in a secure location at each school.*

Signature of Parent/Guardian: _____

Signature of School Nurse: _____