Richland Parish School Board

Parent/Guardian Request, Consent, and Release from Liability for Administrating Medication at School

I,	the parent/guard	dian of the minor child		reques
Name of parent	/guardian		Name of student	_
that he/she to be g	iven medication prescribed by	Name of physician	from	to
	under the supervision of unlicense	1 *	Date I trained in medication	1
Date	under the supervision of unneedisc	d assistive school personne	i trafficu ili iliculcatioi	1
provide the medic medication refills medication admin of the medication consideration of a School Board and	d/or the school nurse. I agree to fur ation in a container labeled by the following the initial release to the istration. I agree to observe and ver I assume all responsibility for any llowing said child to attend school /or any of its agents or employees, ag medication during school hours	pharmacy specifically for the school nurse may be released the released that the count of medication with mistake in furnishing an interest, I hereby release, relieve and from any and all liability of	the school time(s) dose ed to school staff train in released and docume accorrect dosage. In and discharge the Richl	e. Any ned in ent receipt and Parish
destroyed if it is n following the last	I may retrieve the medication from ot picked up within one week follo day of the school year. I have adm welve hours for observation of adv	owing termination of the ord ninistered the initial dose at l	ler or within one week home and have allowe	k ed the
prescribed medica health and safety a the safety of givin is for the purpose	the school nurse share with appropriation or my child's medical/health at school. I give consent for the school gethis medication at school. I under of health and educational planning for any of its agents or employees.	condition as the nurse determined the condition as the nurse determined that any medical/heat g. By this acknowledgement	mines necessary for m d in the school setting lth information that is , I release the Richlan	ny child's g to assure disclosed d Parish
school will call m	rgency that is life threatening, the se and/or an emergency contact. I set emergency room. I will be response	give permission for the princ	cipal or alternate to tra	
physician has orde the Richland Paris self-administer me according to paris	d is sufficiently responsible and in ered the medication for the student sh School Board and/or its agents dedication. I understand that any self policy. I also have instructed my so it can be documented on the school because in the school be	to carry on his/her self. I agor employees in regard to all f administered medication rechild to report to the school	gree to release from allowing my child to can nust be properly label	l liability rry and ed
Parent/guardian si	gnature:	Date:		