

Richland Parish School Board

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

I, _____ the parent/guardian of the minor child _____ request
Name of parent/guardian Name of student
that he/she to be given medication prescribed by _____ from _____ to
Name of physician Date
_____ under the supervision of unlicensed assistive school personnel trained in medication
Date

administration and/or the school nurse. I agree to furnish the medication to the school nurse by myself and provide the medication in a container labeled by the pharmacy specifically for the school time(s) dose. Any medication refills following the initial release to the school nurse may be released to school staff trained in medication administration. I agree to observe and verify the count of medication released and document receipt of the medication. I assume all responsibility for any mistake in furnishing an incorrect dosage. In consideration of allowing said child to attend school, I hereby release, relieve and discharge the Richland Parish School Board and/or any of its agents or employees, from any and all liability or injury or damage to health of said child receiving medication during school hours.

I understand that I may retrieve the medication from the school at any time and that the medication will be destroyed if it is not picked up within one week following termination of the order or within one week following the last day of the school year. I have administered the initial dose at home and have allowed the required time of twelve hours for observation of adverse reactions before asking school personnel to administer the medication.

I give consent for the school nurse share with appropriate school personnel information relative to the prescribed medication or my child's medical/health condition as the nurse determines necessary for my child's health and safety at school. I give consent for the school nurse to assess my child in the school setting to assure the safety of giving this medication at school. I understand that any medical/health information that is disclosed is for the purpose of health and educational planning. By this acknowledgement, I release the Richland Parish School Board and/or any of its agents or employees, from any and all liability of improper disclosure of health information.

In case of an emergency that is life threatening, the school will immediately call 911. I am aware that the school will call me and/or an emergency contact. I give permission for the principal or alternate to transport my child to the nearest emergency room. I will be responsible for any expenses incurred.

I feel that my child is sufficiently responsible and informed to administer his/her own medication, if the physician has ordered the medication for the student to carry on his/her self. I agree to release from all liability the Richland Parish School Board and/or its agents or employees in regard to allowing my child to carry and self-administer medication. I understand that any self administered medication must be properly labeled according to parish policy. I also have instructed my child to report to the school office after any medication is self administered so it can be documented on the school's medication log.

Parent/guardian signature: _____ Date: _____