

# Plaquemines Parish School Board Medication Administration

## GENERAL INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Lunch Time: \_\_\_\_\_

Grade Entering This School Year: \_\_\_\_\_ Sex: \_\_\_\_\_ Ph #: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Work #: (1) \_\_\_\_\_

Address: \_\_\_\_\_ Work #: (2) \_\_\_\_\_

In Case of Emergency, Notify:

(1) Name: \_\_\_\_\_ Ph #: \_\_\_\_\_ Relationship: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Ph #: \_\_\_\_\_ Relationship: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Ph #: \_\_\_\_\_ Relationship: \_\_\_\_\_

List known allergies: \_\_\_\_\_

\*\*\*\*\*

## PARENTAL CONSENT

I, the undersigned parent/guardian of \_\_\_\_\_, a student in the  
Plaquemines Parish Public School System, hereby request that the Plaquemines Parish School Board be  
allowed said child to be given medication prescribed by \_\_\_\_\_  
(Physician's Name)

for the \_\_\_\_\_ school year under the supervision of the designated school personnel trained to  
administer medication.

The medication is to be furnished by me, and is to be labeled with the name of the drug and the physician's  
name as well as the name of the child. I assume all responsibility for furnishing the required amount of  
dosages required and stated by the physician.

I do hereby, release, relieve and discharge the Plaquemines Parish School Board and/or any of its agents or  
employees from any and all liability for any injury or damage to the health of said child arising out of, or  
resulting from the necessity of said child having to take medication during school hours.

I have read, understand and agree to the school's regulations and policy concerning administering medication  
at school.

\_\_\_\_\_

**Parent / Guardian Signature**

\_\_\_\_\_

**Date**