

**LIVINGSTON PARISH PUBLIC SCHOOL SYSTEM
PARENT/GUARDIAN REQUEST AND AUTHORIZATION FOR MEDICATION
(PLEASE PRINT)**

Student _____ DOB _____ Grade _____

School _____ Teacher _____

Parent/Guardian _____ Home Phone _____

Address _____ Work Phone _____

Emergency Contacts:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medication _____ Any Allergies _____

Are there any special instructions for giving you child this medication? _____

List medications given at home _____

1. Do you give permission for the school nurse to share with designated trained unlicensed personnel information about your child relative to medication administration, as the nurse deems necessary. YES _____ NO _____ Are there any restrictions on this release? _____
2. Do you understand that you may retrieve the medication from school at anytime and that the medication will be destroyed if it is not picked up within 1 week following the term or when the medication orders are discontinued or expired? YES _____ NO _____
3. Have you administered the initial dose at home and have you allowed sufficient time (overnight) for observation of adverse reactions before asking school personnel to administer the medication? YES _____ NO _____
4. Do you understand that in most instances unlicensed trained school personnel will administer medications/injections? YES _____ NO _____

ALL above answers must be (Yes) before unlicensed trained personnel can administer the medication at school.

Use this box only for a student who will self-administer medication, such as asthma inhaler, insulin or epipen.

Do you give permission for your child to self-administer medication if the school nurse determines it is safe and appropriate in the school setting. YES _____ NO _____

Do you believe you child is sufficiently responsible and informed to self-administer this medication? YES _____ NO _____

Do you assume responsibility for your child's actions in self-management of medication at school? YES _____ NO _____

Do you understand that regular medication orders must be provided for students to self-administer? YES _____ NO _____

Parent Signature _____ Date _____