

ST. CHARLES PARISH PUBLIC SCHOOL SYSTEM

PARENT'S /GUARDIAN'S REQUEST AND AUTHORIZATION FOR MEDICATION

(Please Print)

STUDENT \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_  
GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_ SCHOOL \_\_\_\_\_  
PARENT ADDRESS \_\_\_\_\_  
NAME OF MEDICATION \_\_\_\_\_  
Name, dosage, and time of administration at school \_\_\_\_\_  
LIST WHAT YOUR CHILD IS ALLERGIC TO \_\_\_\_\_  
LIST ALL MEDICATION STUDENT RECEIVES AT HOME \_\_\_\_\_

1. Do you give permission for the school nurse or the designated unlicensed trained person to give the named medications? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Do you give permission to the school nurse to share information with the physician, pharmacist, and appropriate school personnel relative to the prescribed medication administration?  
YES \_\_\_\_\_ NO \_\_\_\_\_
3. Do you understand that you may retrieve the medication from school at any time and that you must pick up remaining medication and the container when notified at the end of the term or it will be destroyed? YES \_\_\_\_\_ NO \_\_\_\_\_
4. 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 medications?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Emergency \_\_\_\_\_

**USE THIS SPACE ONLY FOR A STUDENT WHO WILL ADMINISTER HIS/HER OWN MEDICATION, SUCH AS ASTHMA INHALER. STUDENT WILL BE REQUIRED TO RECORD EACH DOSE.**

- Do you give permission for your son/daughter to self-administer medication if the school nurse determines it is safe and appropriate in the school setting? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you feel that your child is sufficiently responsible and informed to administer his/her own medicine? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you understand that regular medication orders must be provided for students who self-administer medication at school? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Relationship to Student \_\_\_\_\_ DATE \_\_\_\_\_