



*You and I ... We are*  
ST. CHARLES PARISH PUBLIC SCHOOLS

13855 River Road  
Luling, LA 70070  
985.785.6289  
www.stcharles.k12.la.us

### CONTRACT BETWEEN STUDENT, PARENT, AND SCHOOL NURSE

#### For Student Permission to Carry Emergency Medication

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
School

1. Student has demonstrated to the school nurse correct use of the medication, if self-administering.
2. Student agrees to keep the medication on his/her person i.e. in a fanny pack, pocket, or such that makes the medication inaccessible to other students.
3. Student agrees to never share the medication with another person.
4. Student agrees that after each use of the medication he/she will report this to the appropriate school personnel, if self-administering.

I, \_\_\_\_\_ give permission for my child, \_\_\_\_\_  
Parent/Guardian Student's Name  
to carry the medication described below. I understand he/she must follow the rules listed above.

I will notify the school nurse of changes in medication, dose and/or time of administration. I will notify the school nurse of any changes in my child's condition.

Name of Medication	Dose	Time/Frequency of Use
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Parent's Signature Date Student's Signature Date

\_\_\_\_\_  
Nurse's Signature Date

#### School Board Members

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- Clarence H. Savoie DISTRICT 4
- John L. Smith DISTRICT 5
- John W. Robichaux DISTRICT 6
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Superintendent  
Felecia Gomez-Walker

