



SCHOOL MEDICATION FORM

Parents:

If it is necessary for your child to take medication at school, the following forms must be completed and returned to the school office before medication can be administered.

DATE: _____

TO: Charlene Schexnayder, School Nurse

Please allow my child, _____, to take the following medicine at school.

Prescription Number: _____

Name of Medication: _____

Amount of Dosage: _____

Time to be given: _____

I accept the rules of the school concerning the giving of medicine, including the following:

1. Medicine must be prescribed by a physician, who also advises the school system that it is necessary for my child to be given the medicine at school. This advice must be obtained by having the doctor complete the State of Louisiana Medication form. **No short-term medication (antibiotics, Tylenol, etc.) will be administered without a physician's order** (in most instances, medication will be administered by the school nurse).
2. **The medicine must be brought to school by an adult** in the prescription bottle with the label showing prescription number, name of medicine, dosage, and student's name.
3. The school and its employees are not to be held responsible for any unintentional mistake or oversight in giving my child their prescribed medication.

Parent/Legal Guardian Signature

Physicians Signature