

ST. BERNARD PARISH SCHOOL BOARD
200 East St. Bernard Highway, Chalmette, Louisiana 70043

301-2000

PARENT/GUARDIAN'S CONSENT

Name of Student: _____ Date of Birth: _____ Sex: _____

School: _____

Name of Parent/Guardian: _____ Home Phone: _____

Address: _____ Work Phone: _____

Other persons to be notified in case of emergency if parent/guardian is unavailable:

Name: _____ Phone: (HM) _____ (WK) _____

Relationship: _____

Student allergies: (List medication, food, etc. student is allergic to)

1. I hereby give permission for the school nurse or the designated unlicensed person, trained to administer medication at school, to give the medication prescribed by _____ (name of doctor/dentist).
2. I understand that any change in medication, dosage or doctor will require a new order form be brought to the Health Services Office.
3. I give permission to the school nurse to share with appropriate school personnel information (such as adverse side effects) relative to the prescribed medication administration as the nurse determines necessary for my son's/daughter's health and safety.
4. I give permission for the school nurse to discuss my child's medical condition with my child's physician, if necessary.
5. I understand that I may retrieve the medication from the school at any time and that the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the end of the current school term.
6. I understand that I MUST BRING the prescription medicine to school in a container appropriately labeled by the pharmacy.
7. I have administered the initial dose ordered at home and have allowed sufficient time for observation of adverse reactions before asking school personnel to administer the medication.
8. For students who must carry medication on their person for emergency situations only, as ordered by the physician (such as asthma inhaler):
 - A. I feel that my child is responsible and capable of administering his/her own medication as ordered by the physician.
 - B. I assume responsibility for my child's actions in his/her self-administration of medication at school.

I am aware that if my child has an emergency in school, the school principal or alternate will respond to the emergency by calling 911 or transporting the student to the emergency room. I will be responsible for payment of any emergency room care.

Signature of Parent/Guardian: _____

Relationship to Student: _____ Date: _____

Rx Number: _____