

Union Parish Public Schools

Request for Administering Medication at School and Release from Liability

I/We, the undersigned parent/guardians of the minor child:

A student at _____ school. Hereby request the Union Parish School Board to allow said child to attend school in spite of his special health problems and to be given medication prescribed by Dr. _____

from (Date)_____ to (Date)_____ under the supervision of the nurse or other school personnel. The medication is to be furnished by me and labeled as detained in “Administering Medication at School Policy”. I/We assume all responsibility for mistakes furnishing an incorrect dosage. For and in consideration of allowing said child to attend school in spite of his/her special health problem, I/We hereby release, relieve and discharge Union Parish School Board, and/or any of its agents or employees, from any and all liability for injury or damage to the health of said child arising out of , or resulting from the necessity of said child having to take medication during school hours.

I/We have received a copy, read, understand and agree to the school’s Administering Medication Policy concerning giving medication during school hours.

Signature _____

Date _____

Address _____

Telephone Number _____