

**LIVINGSTON PARISH PUBLIC SCHOOL SYSTEM**  
**PARENT/GUARDIAN REQUEST AND AUTHORIZATION FOR MEDICATION**  
**(PLEASE PRINT)**

Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Medication \_\_\_\_\_ Any Allergies \_\_\_\_\_

Are there any special instructions for giving you child this medication? \_\_\_\_\_

List medications given at home \_\_\_\_\_

1. Do you give permission for the school nurse to share with designated trained unlicensed personnel information about your child relative to medication administration, as the nurse deems necessary. YES \_\_\_\_\_ NO \_\_\_\_\_ Are there any restrictions on this release? \_\_\_\_\_
2. Do you understand that you may retrieve the medication from school at anytime and that the medication will be destroyed if it is not picked up within 1 week following the term or when the medication orders are discontinued or expired? YES \_\_\_\_\_ NO \_\_\_\_\_
3. 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 medication? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Do you understand that in most instances unlicensed trained school personnel will administer medications/injections? YES \_\_\_\_\_ NO \_\_\_\_\_

**ALL** above answers must be (Yes) before unlicensed trained personnel can administer the medication at school.

**Use this box only for a student who will self-administer medication, such as asthma inhaler, insulin or epipen.**

Do you give permission for your child to self-administer medication if the school nurse determines it is safe and appropriate in the school setting. YES \_\_\_\_\_ NO \_\_\_\_\_

Do you believe you child is sufficiently responsible and informed to self-administer this medication? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you assume responsibility for your child's actions in self-management of medication at school? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you understand that regular medication orders must be provided for students to self-administer? YES \_\_\_\_\_ NO \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_