

FRANKLIN PARISH PUBLIC SCHOOLS

Request for Administering Medication at School Release from Liability

I, the undersigned parent/guardian of the minor child,

_____ (Student's name)

a student at _____ (School) hereby, request the above mentioned child be given medication prescribed by

_____ (Physician's Name)

from _____ (Date) to _____ (Date) under the supervision of

the nurse or other unlicensed trained school personnel. The medication is to be furnished by me and labeled by the physician or pharmacist with the said child's name, doctor, drug store, name of medication, dosage and the specific time it is to be given at school. I assume all responsibility for any mistake in furnishing an incorrect dosage. I hereby release, relieve, and discharge the FRANKLIN PARISH SCHOOL BOARD, and/or any of its agents or employees, from any and all liability for any 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 have read, understand and agree to the school's regulations concerning giving medication at school.

Signature: _____ Date: _____

Mailing Address: _____

Telephone #: _____