

AMITE COUNTY SCHOOL DISTRICT

533 MAGGIE ST. P.O. BOX 378

LIBERTY, MS 39645

PHONE: 601-657-4361 FAX:601-657-4291

REQUEST FOR ADMINISTERING MEDICATION AT SCHOOL AND
RELEASE FROM LIABILITY

I/We, the parents/guardians of the minor child _____ student at Amite County Elementary School, hereby request the Amite County School Board to allow said child to attend school and to be given medication prescribed by _____ (Physician's name) from (date) _____ to (date) _____ under the supervision of the nurse or other school personnel. The medication is to be furnished by me and labeled by the physician or pharmacist with said child's name, doctor, pharmacy, name of the medication, dosage, and the specific time it is to be given at school. I/We, assume all responsibility for any mistake in furnishing an incorrect dosage.

In consideration of allowing said child to attend school in spite of his/her special problem, we hereby release, relieve, and discharge the Amite County School District and/or any of its 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/We have read, understand, and agree to the school's regulations concerning giving medication at school.

PARENT/GUARDIAN SIGNATURE _____

ADDRESS _____

PHONE _____

DATE _____