



**Amite County
Elementary
School**

Jasmine Jackson Principal
Rickey Powell, Assistant Principal
Denisha Quinn, Counselor
Jeree' Simmons, Administrative Assistant
Denetta Patterson-Magee, Secretary

**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 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, 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 the 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 regulation concerning giving
medication at school.

PARENT/GUARDIAN SIGNATURE _____

ADDRESS _____

PHONE _____

DATE _____

3457 S. Greenburg Road
P.O. BOX 308
Liberty, Ms 39645

www.amite.k12.ms.us

Phone: 601-657-8311
Fax: 601-657-4365