



RAYNE CATHOLIC ELEMENTARY

407 South Polk Street
Phone: 337-334-5657

Rayne, Louisiana 70578
Fax: 337-334-3301

ADMINISTRATION OF MEDICATION FORM

FORM MUST BE SUBMITTED ANNUALLY FOR EACH CHILD REQUIRING
MEDICATION

Date _____

Parent's Name _____

Phone _____

Student's Name _____ Age _____ Grade _____

Student's Name _____ Age _____ Grade _____

Student's Name _____ Age _____ Grade _____

Student's Name _____ Age _____ Grade _____

PARENT'S RELEASE FROM LIABILITY

For an in consideration of allowing said child to attend school inspite of his/her specific health problem, we hereby release, relieve, and discharge Rayne Catholic Elementary School and St. Joseph Parish, the Diocese of Lafayette, and/or any of their agents or employees form any and all liability for any injury or damage to the said child arising out of, or related to, or resulting from the said child taking medication during school hours. **THIS INCLUDES ALL OVER THE COUNTER MEDICATION (Tylenol, Pepto-Bismol, Couch Drops, etc.) Please list all medications allowed to be dispensed.**

I have read, understand and agree to the school's regulations concerning giving medications at school.

Signature of Parent or Legal Guardian

Date

List ALL MEDICATIONS (Including ANY OVER THE COUNTER) that we are allowed to administer to your student(s).

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Signature of Physician / Pharmacist / Nurse Practitioner

Date

NO MEDICATIONS WILL BE ADMINISTERED IF THIS FORM IS NOT COMPLETED AND RETURNED TO THE OFFICE. Parents/Guardians will be contacted before any medication is administered.

Prescription Medicine need not appear on this sheet, however container must be correctly labeled with specific instructions as well as the physician's/pharmacist's name and phone number.