

Houma Christian School

Parent Request to Administer Medication(s) and/or Perform Procedure(s) for 2023-2024 school year

- The prescribed medications must be brought by the parent/guardian to school in its original container with the prescription label and the physician's orders. The prescription label shall match the parent's written request and the doctor's order. The parent request form, the State of Louisiana Medication Order Form from the doctor and the Health Information Form will need to be renewed each school year. In addition, a doctor's order is required for any procedure(s) needed at the school.
- I understand that it is my responsibility to inform Houma Christian School if there are any changes with any of the doctor's orders concerning medication(s) and or procedures.
- I understand that in the event of a field trip, a parent or family member will need to attend. Houma Christian School will not provide medical care for field trips. In the event administration approves medical care by a staff member, a new request to administer medication for specifically for the field trip must be executed.
- It is my responsibility to notify the school nurse if my child plans to participate in extracurricular school activities and/or attend school child care. Administration must approve attending these types of activities to ensure medical needs can be met. My child will not be able to attend without an approval. A Parent Request to Administer form specific to extracurriculars and/or school child care must be executed.
- I grant permission for the listed physicians to communicate, release and/or disclose health records to the school (administration or nurse) concerning my child's diagnosis and healthcare treatment if needed.
- A student who uses any medication in a manner other than as prescribed shall be subject to disciplinary action; however, such disciplinary action shall not limit or restrict such student immediate access to prescribed medication.

Student Name _____ DOB: _____ Grade _____ Teacher _____

Pediatrician _____ Phone #: _____

Specialist _____ Phone #: _____

Father's Name _____ Cell phone #: _____

Mother's Name _____ Cell phone #: _____

Emergency Contact _____ Phone #: _____

Diagnosis: _____

Allergies:

I am requesting the following Medications /Dosage/Route of administration/Time and frequency OR Procedures to be administered by Houma Christian School staff members:

I hereby request and grant permission for Houma Christian School to allow its employees to administer the above listed medications and/or perform the listed procedures to my child/custodian _____. I hereby release, relieve, and discharge Houma Christian and its employees from any and all liability due to injury or harm to the health of the said child arising out of, or resulting from the administration of medications and or procedures.

In the event the school nurse is not available, I understand the request I have made may not be administered by trained medical staff. I understand they do not have a medical license nor will they be working under the medical license of another staff member. Administration and appointed Houma Christian staff is knowledgeable in written policy and procedures for administering medications along with performing procedures for any doctor's orders written for that school year.

In order to ensure my child's health needs are met, I allow my child's medical information to be shared confidentially with physicians, professional and lay staff (ex. transportation) as determined by the school principal and/or school nurse.

If my child rides the bus it will be my responsibility to communicate with transportation concerning my child's diagnosis. My child's health needs will not be able to be met by their appointed bus driver unless he/she has been approved to self-carry and self-administer per physician's orders. In the event of an emergency, 911 services will be utilized by transportation.

List any medications your child uses daily, including prescriptions, vitamins, supplements, essential oils, over the counter medications, and/or homeopathic remedies:

Parent/Guardian Signature: _____ Date: _____