

South Panola School District

Consent for Medication At School

A doctor or licensed provider must complete Section A and Section B of this form for any prescription medications at school. A parent or guardian must complete Section C. A new form is required yearly for all prescription medications needed at school and anytime there is a dosage change. ALL MEDICATIONS MUST BE BROUGHT TO THE SCHOOL BY A PARENT OR GUARDIAN IN THE ORIGINAL PACKAGING WITH PHARMACY LABEL.

Section A: Must Be Completed by Health Care Provider

Student Name: _____ Date: _____

Medication: _____ Dose: _____ Time to be Given: _____

Health Condition Requiring Medication: _____

Possible Side Effects: _____ Allergies: _____

Physician's Signature

Print Physician's Name

Date

Section B: Must Be Completed by Health Care Provider (If Needed)

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION

If the medication is an asthma inhaler or epinephrine/EpiPen, this student is authorized for self-carry and has been instructed on and demonstrated the proper technique in administering the medication? ____ YES ____ NO

Physician's Signature

Print Physician's Name

Date

Section C: Must Be Completed by Parent or Guardian

Student Name: _____ Date: _____

School: _____ Grade: _____ Homeroom: _____

I hereby request and authorize you to allow my student to take:

Medication: _____ Dose: _____ Time to Given: _____

THE UNDERSIGNED PARENT/GUARDIAN OF _____, A MINOR CHILD, HAS REQUESTED PERSONNEL OF SOUTH PANOLA SCHOOL DISTRICT TO ADMINISTER PRESCRIPTION MEDICATION TO THIS STUDENT. I HEREBY EXPRESSLY WAIVE AND RELEASE THE SOUTH PANOLA SCHOOL DISTRICT AND ITS EMPLOYEES, BOARD OF TRUSTEES, AGENTS, SUCCESSORS AND ASSIGNS (COLLECTIVELY "RELEASEES") FROM ANY AND ALL CLAIMS, NOW KNOWN OR HEREFTER KNOWN, AND LIABILITY AGAINST ANY RELEASEE ON ACCOUNT OF INJURY, DISABILITY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF OR ATTRIBUTABLE TO MY MINOR CHILD'S SELF-ADMINISTRATION OF MEDICATION, WHETHER ARISING OUT OF THE ORDINARY NEGLIGENCE OF THE DISTRICT OR ANY RELEASEES OR OTHERWISE. I COVENANT NOT TO MAKE OR BRING ANY SUCH CLAIM AGAINST THE DISTRICT OR ANY OTHER RELEASEE, AND FOREVER RELEASE AND DISCHARGE THE DISTRICT AND ALL OTHER RELEASEES FROM LIABILITY UNDER SUCH CLAIMS. THIS WAIVER AND RELEASE DOES NOT EXTEND TO CLAIMS THAT MISSISSIPPI LAW DOES NOT PERMIT TO BE RELEASED BY AGREEMENT. THIS RELEASE IS INTENDED TO BE A GENERAL RELEASE IN THE BROADEST FORM. IT IS UNDERSTOOD AND AGREED THAT I HEREBY EXPRESSLY WAIVE ANY AND ALL LAWS AND STATUTES, OF ALL JURISDICTIONS WHATSOEVER, WHICH MAY PROVIDE THAT A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS NOT KNOWN OR SUSPECTED TO EXIST AT THE TIME OF EXECUTING A RELEASE WHICH IF KNOWN WOULD HAVE MATERIALLY AFFECTED THE DECISION TO GIVE SAID RELEASE. IT IS EXPRESSLY INTENDED AND AGREED THAT THIS RELEASE DOES, IN FACT, EXTEND TO SUCH UNKNOWN AND UNSUSPECTED CLAIMS RELATED TO ANYTHING WHICH HAS HAPPENED TO THE DATE HEREOF WHICH IS COVERED BY THIS RELEASE, EVEN IF KNOWLEDGE THEREOF WOULD HAVE MATERIALLY AFFECTED THE DECISION TO GIVE THIS AGREEMENT OR THE RELEASE.

I authorize a representative of the school to share information regarding the medication with the above doctor.

Parent/Guardian Signature

Print Parent/Guardian Name

Date

