

Notre Dame High School of Acadia Parish

910 N. Eastern Avenue
Crowley, LA 70526

All prescription medication must be labeled with prescription dosages and directions for administration. Students are not permitted to have any type of medication, prescription or nonprescription in their possession on school grounds or on a school bus.

I give my permission for my child upon his/her request to receive medication listed below during school hours.

Please check the appropriate lines.

_____ Tylenol

_____ Advil (ibuprophen)

_____ Pepto Bismol

_____ Eye Drops

_____ Benadryl

_____ Other (specify) _____

Please note: Medications are administered at school by school staff that may have no medical training. Medications will be given according to label directions.

TO BE COMPLETED AND SIGNED BY PARENT OR LEGAL GUARDIAN:

_____	_____	_____
Student's Name	D.O.B.	Grade

For and in consideration of allowing said child to attend school in spite of his/her specific health problem, I hereby release, relieve and discharge Notre Dame and/or any of its agents or employees from any and all liability from 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 realize that people without medical training may be giving medication to my child. I have read and agree to the school's regulations concerning giving medication to students.

_____	_____	_____
Parent's Name	Date	Emergency phone #