St. Tammany Parish School Board School Nurse Program

COVINGTON ANNEX	898-3375	*	FAX	898-3377
COVINGTON HIGH SCHOOL	892-3799	*	FAX	892-3799
HARRISON CURRICULUM CENTER	898-3311	*	FAX	898-3324
SLIDELL CURRICULUM CENTER	646-4914	rfc	FAX	646-4938

NAME OF STUDENT:	CD AND.	TEACUEN.
SCHOOL:	GRADE:	I EACHER:
NAME OF PARENT/GUARDIAN:		
WORK NUMBER:		CELL NUMBER:
medication at school, to give the following med	lication ordered by	nated unlicensed person, trained to administer the physician. YESNO
* reactions before asking school personnel to ad		
3. My child has permission to carry and self-ad		
prescriber and in concurance with the school n		YES NO
4. Do you assume responsibility for your child's ac		
. Do you adding temporal and your arma's ac		YES NO
Medication must by brought to school and retrie	red by a personeil	
ot picked up within two weeks following termin		
of picked up within two weeks following termini chool year.	arion of the order	or two weeks beyond the end of the current
thou year.		DATE:
Printed Name of Parent/Guardian	Signature	of Parent/Guardian
	-	•
n most instances, the medication will be admins ollowing orders clear enough for them to understa	itered by unlicense	OUISIANA OR ADJACENT STATE add trained, school personnel. Please make the
n most instances, the medication will be admins ollowing orders clear enough for them to understand IAGNOSIS:	stered by unlicense	ed, trained, school personnel. Please make the
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