



St. Ann School

4921 Meadowdale Street, Metairie, Louisiana 70006
(504)455-8383 Fax (504) 455-9572 www.stannschool.org

PK2 / PK3 / PK4 PROGRAMS

Dear Parent,

The following is important information concerning the medication policy of ST. ANN SCHOOL in regard to the PK2, PK3 and PK4 program students.

The PK2, PK3 and PK4 students must follow ST. ANN SCHOOL Medication Policy. However, there is one exception. The PK2, PK3 and PK4 students will not be allowed to administer any medication to themselves and the teachers/aides will not be allowed to give any medication to the children.

You may come to the school office, sign in, then go to the classroom to give your child medicine if absolutely necessary. We do, however, suggest that you speak with your doctor to possibly set up a time schedule for medication that would accommodate you and your child that would not include school hours. Extended Care workers are not allowed to dispense any medication to either PK2, PK3 or PK4 children.

Thank you for your cooperation with this very important matter and please understand that it is for the safety and welfare of your children.

Sincerely,

Lindsay S. Guidry, Principal
and PK2, PK3 and PK4 Teachers

ST. ANN SCHOOL
4921 MEADOWDALE STREET
METAIRIE, LA 70006
(504) 455-8383

FOR PARENT

A MEDICATION FORM IS REQUIRED FOR EACH MEDICATION

REQUEST FOR ADMINISTERING MEDICATION AT SCHOOL AND RELEASE FROM LIABILITY

I/we, the undersigned parent(s)/guardian of the minor child _____,
a student at ST. ANN SCHOOL, hereby request the school to allow said child to attend school and to be given medication
from _____ to _____ under the supervision of designated
school personnel.

If I furnish a prescription drug, it must be labeled by the physician or pharmacist with said child's name, doctor and
drugstore, name of drug and dosage. It must be accompanied with instructions including the specific time it is to be given
at school. It must be accompanied by a completed Physician's Statement. I/we assume all responsibility for any mistake in
furnishing an incorrect dosage.

If I/we furnish an over-the counter medication, it must be accompanied with instructions including child's name, name of
medication, dosage and the specific time it is to be given at school. This must also be accompanied by a Physician's
Statement. I/we assume all responsibility for any mistake in furnishing an incorrect dosage.

For and in consideration of allowing said child to attend school in spite of his/her special problem, I/we hereby release,
relieve and discharge ST. ANN SCHOOL, Parish and the Archdiocese of New Orleans, and/or any of its agents or employees,
from any and all liability for any injury or damage to the health of said child arising out of, resulting from the necessity of
said child having to take medication during school hours.

I/we further release ST. ANN SCHOOL, Parish and the Archdiocese of New Orleans, from any and all liability whatsoever, for
any cause whatsoever which may result from the storing of medication prescribed.

I/we have read, understand and agree to the school's regulations concerning dispersing medication at school.

SIGNATURE OF PARENT / GUARDIAN

DATE

ADDRESS

CITY / STATE / ZIP

PHONE(S)

ST. ANN SCHOOL
4921 MEADOWDALE STREET
METAIRIE, LA 70006
(504) 455-8383

PHYSICIAN'S STATEMENT

NAME OF STUDENT

SCHOOL

DATE

DIAGNOSIS

NAME OF MEDICATION

DOSAGE

TIME OF ADMINISTRATION

METHOD OF ADMINISTRATION

DATE OF DISCONTINUE

PREDICTABLE SIDE EFFECTS

CONTRAINDICATIONS

This student has been instructed in the proper method of self-administration of his/her medication.

PHYSICIAN'S NAME/SIGNATURE

OFFICE ADDRESS

PHONE

COMMENTS:
