



Our Lady of Prompt Succor School
 2305 Fenelon Street
 Chalmette, LA 70043
 (504)271-2953



PRESCRIPTION MEDICINE REQUEST FORM
 (Please print clearly)

I _____ authorize the office staff of Our Lady of Prompt Succor School to dispense the following Medication(s) to my son/ daughter.

Medication Name: _____

Dosage: _____

Time to be dispensed: _____

Prior to dispensing any medication, the following must be accomplished:

1. A note from the physician must be sent to the office with the following information thereon. Name of Patient, Name of Medication, and dosage to be dispensed.
2. This form is completed by a parent/guardian.
3. All medications must be sent in pre-measured doses clearly marked with the child's name thereon.

I have read the above and agree to hold harmless the faculty and staff of Our Lady of Prompt Succor School for any complications arising from the execution of the instructions indicated hereon.

 Parent's Printed Name

 Date

 Parent's Signature

Student's Name: _____



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**PRESCRIPTION MEDICATION ADMINISTRATION
 CONSENT FORM (Please print clearly)**

Student name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian name: _____ Phone #: _____

PRACTITIONER SECTION

Practitioner name: _____ Phone #: _____

Diagnosis: _____

Name of medication & strength (e.g., mg.): _____ Time to be given: _____

Dose & route of administration: _____ How often: _____

Reason for medication: _____

Considerations/side effects: _____

Duration: From _____ to _____

For an as-needed (PRN) medication, state specific conditions under which medication is to be given:

State the side effects for which we should contact you:

NOTE: Your signature on this document attests to your willingness and intent to direct, supervise, decide, inspect and oversee the administration of the medication by non-medically trained designee(s) and that you will accept direct communications from them regarding the administration of the medication. We urge that all instructions be stated in the language of the lay person. Any changes to this order must be in written form.

Practitioner's Signature _____ Date _____

RELEASE, DEFENSE, INDEMNITY AND HOLD HARMLESS AGREEMENT

(Re: EPI pens)

Whereas, the child of _____ (hereinafter _____), is enrolled at and attends Our Lady of Prompt Succor School in Chalmette, Louisiana; Whereas, _____ has certain allergies; Whereas, neither Our Lady of Prompt Succor nor any of its administration, teachers, or staff have any experience or expertise in providing injections with an EPI PEN associated with allergic individuals in need of treatment but are willing to the extent possible, to assist _____ in any reasonable manner; Whereas, _____ agrees to keep an EPI PEN when provided by Mr./ Mrs. _____ in _____'s classroom and in the school office in secure places to medicate _____ as necessary in the event of an allergic reaction to product; Now therefore, in view of the foregoing, the parties hereto, _____ and the Roman Catholic Church as owner and operator of Our Lady of Prompt Succor agree as follows:

1) Roman Catholic Church agrees that certain staff designated by it in its sole discretion will administer with and/or use an EPI PEN on in accord with written instructions provided by _____'s physician, which, in turn, shall be provided to Our Lady of Prompt Succor School by _____'s parents/ guardians.

2) _____, father and mother/ guardian, respectively, of _____, hereby agree to release, defend, indemnify and hold harmless Our Lady of Prompt Succor School, the Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, pastor(s), priests, principals, employees, teachers, staff, insurers and/or reinsurers, or agents (hereinafter, collectively, "Releases") from any and all liability and/or damages (including but not limited to physical, mental, emotional and/or economic damages) that may be sustained by themselves and/or their child, _____ or third parties arising from negligence or fault or strict liability of Releases in administering or failure to administer _____ with and/or using an EPI PEN on and/or failure to use an EPI PEN on _____ (including but not limited to failure to administer or use the EPI PEN timely) and/or from the diagnosis and/or failure to diagnose and/or treat _____ for any reactions that may arise from his/her allergic condition.

3) In consideration of the foregoing, the Roman Catholic Church as owner and operator of Our Lady of Prompt Succor School, agrees to allow the child, _____ to continue to be enrolled in and attend Our Lady of Prompt Succor School.

4) The parties understand and agree that the foregoing agreement is valid only during the period of time that _____ is enrolled in _____ (grade) at Our Lady of Prompt Succor School, with the understanding that the parties hereto agree to use their best efforts to consummate a similar agreement for later years during which _____ may be enrolled at Our Lady of Prompt Succor School.

By: _____ Date: _____
Parent/Guardian

By: _____ Date: _____
Parent/Guardian

By: _____ Date: _____

Principal and Agent for Our Lady of Prompt Succor School and The Roman Catholic Church of the Archdiocese of New Orleans