



Medication Administration Chaperone Consent Form

School: St. Amant High School Grade: _____

Teacher: J. Nassar, A. Graham, C. Millet, K. Roussel.

I, _____, give permission to _____
(parent/guardian) (chaperone name)

to administer the following medication(s)/procedure to my child,
 _____, while on a field trip to

Orlando, Florida on April 17-21, 2022 :
(date)

<u>MEDICATION/PROCEDURE</u>	<u>TIME</u>	<u>METHOD OF ADMINISTRATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand and agree that Ascension Parish School Board and its employees are not responsible for any mistakes or oversights that may occur by the person I have designated to administer my child's medications.

Signed: _____ Date: _____
(parent/guardian)

Chaperone: _____ Date: _____
(that will administer medication)

Principal: _____ Date: _____

School Nurse: _____ Date: _____