

Avoyelles Parish School Board
221 Tunica Drive West
Marksville, La. 71351
phone# 318-253-5982 fax# 318-253-9680

Date: _____

School: _____

Student's name: _____

Parent/legal guardian name: _____

I am unable to bring my child's medication to school due to lack of transportation or other reason. By signing this I am giving permission to _____

Employed with _____

To bring my child's medication to the school nurse to be administered at school.

medication	strength	amount	parent/legal guardian	Released to

parent/legal guardian signature

person transporting med(s) signature