



PICAYUNE SCHOOL DISTRICT NURSING DEPARTMENT
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LYNDE LUCKIE, RN ——— DIRECTOR OF NURSING

ROSELAND PARK

Ph: 601 798 6824 Fax: 601 798 1894

SOUTH SIDE UPPER

Ph: 601 798 1105 Fax: 601 798 6032

WEST SIDE

Ph: 601 798 3625 Fax: 601 798 1879

PICAYUNE MEMORIAL HIGH SCHOOL

Ph: 601 798 1380 Fax: 601 799 4705

NICHOLSON

Ph: 601 798 6309 Fax: 601 798 1558

SOUTH SIDE LOWER

Ph: 601 799 0683 Fax: 601 798 6371

PICAYUNE JUNIOR HIGH

Ph: 601 798 5449 Fax: 601 799 4715

CENTER FOR ALTERNATIVE EDUCATION

Ph: 601 799 0684 Fax: 601 799 0325

Permission for Medication Administration by Nurse

I have read and understand Picayune School District's Guidelines For Medication and

I give my permission for *the nurse* to administer medication to my child,

_____, as ordered by my child's medical provider.

Parent/Guardian Signature: _____

Date: ____/____/____

Permission for Medication Administration by Trained Staff

I give permission for a *trained staff member* to administer prescription medication to my child, _____, in the event that the nurse is not available to do so. I understand that non-medical, unlicensed staff will not administer over the counter medications to students on an as needed basis.

Parent/Guardian Signature: _____

Date: ____/____/____