



St. Mary's Nativity School

Believe, Achieve, Succeed with Christ

May 27, 2026

Dear Parents & Guardians,

As we begin the new school year of 2026-2027, an update of all prescription medication and information is required. If your child has a lifesaving emergency medication such as an inhaler or Epi-Pen®, a current prescription label from the pharmacy is required. It must also include the child's name, doctor's name, date filled, medication name and dosage instructions. All emergency medications brought into the school office must be in a sealed package from the manufacturer. This package must contain the medical information insert from the manufacturer.

St. Mary's Nativity Elementary School has a form parents/guardians and physicians must complete, sign and return at the beginning of the school year for emergency medications. Anyone needing the form can get it in the school office as well as the school website under the Resource tab.

St. Mary's Nativity Elementary School does not employ a school nurse. We want to care for your child to best of our abilities. Please make sure we have all the necessary information on your child's life-saving medication.

Thank you!

St. Mary's Nativity Elementary School Office

REQUEST FOR ADMINISTERING MEDICATION AT SCHOOL AND RELEASE FOR LIABILITY

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE.			
Grade:			
Student's Name:	Last	First	M.I.
<p>I/we, the undersigned parents/guardian of the minor child and student at ST. MARY'S NATIVITY SCHOOL, hereby request the school to allow said child to attend school while taking medication from ___/___/___ to ___/___/___.</p> <p>If I/we furnish any form of medication, prescription or non-prescription, it must be labeled with said child's <u>name</u>, name of medication and <u>dosage</u>.</p> <p>For and in consideration of allowing said child to attend school in spite of his/her special needs, we hereby release, relieve and discharge ST. MARY'S NATIVITY SCHOOL, Parish and the Diocese of Houma-Thibodaux, 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, or resulting from the necessity of said child having to take medication during school hours.</p> <p>I/we further release ST. MARY'S NATIVITY SCHOOL, Parish and the Diocese of Houma-Thibodaux from any and all liability whatsoever, and for any cause whatsoever which may result from the storing of medication, prescription or non-prescription.</p> <p>I/we have read, understand and agree to the school's regulations concerning giving medication at school.</p> <p>MEDICATION _____ To be administered by Parent/Guardian</p> <p>DOSAGE _____ To be administered by above named child</p> <p>Instructions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature of Parent/Guardian</p> <p>_____</p> <p>Address _____ Phone Number _____ Date _____</p>			

PART 2.: COMPLETED BY PEDIATRICIAN/PHYSICIAN

_____	ST. MARY'S NATIVITY SCHOOL	_____
Name of Student	School	Date
_____	_____	_____
Diagnosis	Name of Medication	Dosage
_____	_____	_____
Time of Administration	Method of Administration	

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

Physician's Signature

Physician's Address

Physician's Telephone Number