BAY DISTRICT SCHOOLS
COMPREHENSIVE HEALTH EDUCATION
PERMISSION TO ADMINISTER MEDICATION

Under the provisions of Section 1006.062, Florida Statutes, any student who is required to take medication during the time they are attending school, including any occasion when the student is away from school property on official school business may be assisted by the school nurse or other designated school personnel if the school district receives, 1) a written statement from such physician detailing the necessity for the mediation to be provided during the school day, including any occasion when the student is away from school property on official school business and the method, amount and time schedules by which such medication is to be taken, and 2) this permission form executed by the parent or guardian of the student granting permission for the school district to assist the student in the matters set forth in the physician's statement I understand that certain educational records of my child will be shared with the district's health care partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records.

Student's Name _____ Date _____

Address _____

Medication_____ Generic Name (if used) _____

Route of Administration _____ Dosage Amount _____

Time(s) to be administered _____ Date to be discontinued (if applicable) _____

Condition for which drug is to be given _____

Note any possible side effects _____

It is necessary that the mediation be provided during the school day because _____

_____.

It the Student is diabetic and needs to personally carry the supplies, identify the supplies and equipment and describe the level of activities the Student is capable of performing without assistance.

_____

_____

Student May Carry:
- ☐ Inhaler _____ Physician's Initials
- ☐ Epi-Pen _____ Physician's Initials
- ☐ Pancreatic Enzyme Supplement _____ Physician's Initial

Physician's Signature _____ Date of Request _____

Physician's Address _____

Physician's Telephone _____

It is understood there shall be no liability for civil damages as a result of the administration of the mediation when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances. **ALL MEDICATION MUST BE BROUGHT TO THE SCHOOL BY A RESPONSIBLE ADULT IN THE ORIGINAL CONTAINER.**

Parent/Guardian Signature _____ Date _____

Parent Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

Medication orders must be renewed by the attending physician and this release signed by the parent or guardian at the beginning of each school year. **Note: Students will be allowed to carry and self administer epi-pens and Asthmatic students shall be allowed to carry a metered dose inhaler on their person while in school, if ordered by a physician.**