



Bay District Schools  
Student Services

**PERMISSION TO ASSIST WITH MEDICATION ADMINISTRATION**

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 medication 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 health-related 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 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 medication be provided during the school day because: \_\_\_\_\_

If the Student needs to personally carry the supplies, identify the supplies and equipment. Describe the level of activities the Student is capable of performing without assistance. \_\_\_\_\_

**Student May Carry:**

- Diabetic Supplies \_\_\_\_\_ Physician's Initials
- Glucagon \_\_\_\_\_ Physician's Initials
- Insulin \_\_\_\_\_ Physician's Initials
- Inhaler \_\_\_\_\_ Physician's Initials
- Epi-pen \_\_\_\_\_ Physician's Initials
- Pancreatic Enzyme Supplement \_\_\_\_\_ Physician's Initials

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 medication 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 on their person while in school and self-administer: Epi-pens and/or a metered dose inhaler and/or Diabetic Supplies, if ordered by a physician.**

**ONLY ONE MEDICATION PER FORM**