

SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

**PARENT'S REQUEST FOR THE
ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

School district policy 5330 **Use of Medications** - states that all medications will be stored properly in the ORIGINAL CONTAINER under lock and key.

Misuse or abuse of any medically necessary emergency medications or devices that may cause a threat to the safety of others or cause a disruption while on school property or in attendance at a school function may result in suspension, expulsion, and/or referral to the proper law enforcement agencies, in accordance with school district policy 5500 **Student Conduct**.

FS 1006.062 (2) there shall be no liability for civil damages as a result of the administration of such medication when the person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.

I hereby grant permission to the principal or his/her designee to assist in administering the following medication to my child.

CHILD'S NAME: _____

DOB: _____ **ALLERGIES:** _____

NAME OF MEDICATION: _____

DOSAGE: _____ **ROUTE:** _____

AT THE FOLLOWING TIME(S): _____ A.M. and / or _____ P.M.

EXPLANATION (Why is medication necessary during the school day)

Date

Parent/Guardian Signature

Initial box to denote Nurse Approval

Initial box to denote Principal Approval

NOTE: Nurse and Principal approval only required for student to carry medication on self

The section below is to be signed if student will carry on his/her person lifesaving emergency medications and/or devices to deliver these medications in accordance with Florida Statute 1002.20 and School Board policy 5330.

My signature below indicates I understand misuse or abuse of this medication, including, but not limited to using this medication for any purpose or in any other dosage than what is prescribed, giving medication to other students, etc., may result in suspension, expulsion, and/or referral to proper law enforcement agencies. This section is applicable if student is carrying on his/her person medically necessary emergency medications and/or devices to deliver these medications, which are prescribed to treat life-threatening conditions as provided in Florida Statute 1002.20 and policy 5330.

Date

Parent/Guardian Signature

***This form is not to be altered in any way**

STD 9600 058 1-85 Revised 10/30/12 Student Services