

SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

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

School Board Rule 6Gx5-4.17(5) Medication will be stored properly in the ORIGINAL CONTAINER under lock and key.

F.S.S. 232.46(2) There shall be no liability for civil damages as a result of the administration of such medication where 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 medications to my child:

CHILD's NAME _____

NAME OF DRUG
MEDICATION _____

DOSAGE _____ ROUTE _____

AT THE FOLLOWING TIME(s) _____

EXPLANATION (Why is medication necessary during the school day)

Date

Parent/Guardian Signature

*Medication and this form must be brought to school by the parent/guardian.
Students may not carry medication on their person.
Please refer to medication policy for
additional information.*