



**BAY DISTRICT SCHOOLS  
COMPREHENSIVE HEALTH EDUCATION  
PERMISSION TO ADMINISTER MEDICATION**

Notwithstanding the provisions of Chapter 464, Section 232.46, 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 method, amount and time schedules by which such medication is to be taken, and 2) a written statement from the parent or guardian of the student indicating the desire that the school district 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 to be administered \_\_\_\_\_

Date to be discontinued (if appropriate) \_\_\_\_\_

Condition for which drug is to be given \_\_\_\_\_

Note any possible side effects \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Telephone \_\_\_\_\_ Date of Request \_\_\_\_\_

It is understood that the school is not legally obligated to administer medication to my child and, therefore, I agree to hold the school district and its employees free from any and all responsibility for the results of such medication or the manner in which it is administered. **ALL MEDICATION MUST BE BROUGHT TO THE SCHOOL BY A RESPONSIBLE ADULT IN THE ORIGINAL CONTAINER.**

Parent/Guardian Signature \_\_\_\_\_

Parent Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Date \_\_\_\_\_

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 or metered dose inhalers with parental and physician authorization.**

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**ONLY ONE MEDICATION PER FORM**