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 damges 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 similiar 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.