

**DUVAL COUNTY PUBLIC SCHOOLS
STUDENT SERVICES
PARENT PERMISSION FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION**

Student _____ DOB _____ School _____

Name of Medication _____ Doctor _____

Prescription Number _____ Date of Prescription _____ Quantity _____

I, _____, grant permission for the principal or principal's
(Parent/Legal Guardian)
designee to assist in the administration of prescribed medication for my child/legal ward, _____

(Student)

I certify that the prescribed medication is in its original container and that it is necessary, according to my doctor's instructions, for this medication to be provided during the school day, including when my child is away from school property on official school business. I understand that this medication will be given only according to the directions on the label as prescribed by the doctor. Further, I agree to waive any claims of liability that may arise against any school personnel relative to the administration of medication to my child according to these directions. I further understand that, at the end of the school year, it will be my responsibility to pick-up any unused medication within 30 days.

_____ Date _____ Signature of Parent/Legal Guardian _____

STU 110

**DUVAL COUNTY PUBLIC SCHOOLS
PARENT PERMISSION FOR THE ADMINISTRATION OF NONPRESCRIPTION MEDICATION
(OVER-THE-COUNTER MEDICATION)**

Student _____ DOB _____ School _____

I request that my child/legal ward, _____
be given external and/or internal medication identified below during school hours. I will provide the medication in its original container. I understand that such medication will be given only according to the following directions:

<p>Medication _____ Amount _____ When _____ Medication to be Discontinued _____ (Directions from the parent should not exceed the medication instructions on the label.)</p>

Further, I agree to waive any claims of liability that may arise against any school personnel relative to the administration of medication to my child according to these directions. I further understand that, at the end of the school year, it will be my responsibility to pick-up any unused medication within 30 days.

_____ Date _____ Signature of Parent/Legal Guardian _____

STU 110A

MEDICATION GUIDELINES

A. Prescription Medication

In accordance with Section 1006.062, Florida Statutes, the following are guidelines for the administration of prescribed medication by school personnel:

1. The principal or a trained designee may administer prescription medication to a student while at school provided that for each prescribed medication, the student's parent or guardian shall provide to the school principal a written statement which shall grant the principal or his designee the permission to assist in the administration of each prescribed medication and which shall explain the necessity for the prescribed medication to be provided during the school day, including when the student is away from school property on official school business. The school principal or the trained school staff designee shall be allowed to assist the student in the administration of such medication.
2. All prescribed medications to be administered by school personnel shall be **received, counted and stored** in original containers. When a medication dose is given to a student, it **must be recorded**. If dosage is not recorded, it will be considered that the student did not receive the required dose. When the medication is not in use, it shall be stored in its original container in a secure fashion **under lock and key** in a location designated by the principal.
3. 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 reasonable prudent person would have acted under the same or similar circumstances.

Refer to page 122 for the "Parent Permission Form For The Administration of Prescribed Medication."

B. Metered Dose Inhalers For Students With Asthma

Section 1002.20, Florida Statutes, authorizes asthmatic students to carry a metered dose inhaler on their person while in school when they have approval from their parents and their physician. The school principal shall be provided a copy of the parent's and physician's written statement of approval.

C. Nonprescription Medication

For nonprescription medication (over-the-counter medicine such as aspirin, cough syrup, Murine), the parent or legal guardian must:

1. Request in person that the medication be administered to the student during school hours
2. Sign a written request (to be kept on file in the school) that states the type of medication, amount of dosage, and time the medication is to be administered to the student.

Refer to page 122 for the "Medication Release Form for Nonprescription Medication".

D. Additional Instructions

When the principal determines that the parent is unable to come to the school to make the request in person, the principal may use other means to verify the validity of the written request.

Medicine should be kept in the central office. **Do not** allow students to transport medication or retain on their person any form of medicine unless the doctor's statement specifically states that such should be done.

Do not administer oil of cloves, aspirin, eye drops, or any medication without parental request and signed permission. Medications may cause an allergic reaction in children.