



HOLY NATIVITY EPISCOPAL SCHOOL PERMISSION TO ADMINISTER **PRESCRIPTION** MEDICATION

Notwithstanding the provisions of Chapter 464, Section 232.46, Florida Statutes, any student who is required to take, during the regular school day, medication prescribed for him/her by a physician, 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 physicians statement **These written statements must be recorded on this form.**

Student's Name _____ Date _____

Address _____

Medication _____

Generic Name (if used) _____

Dosage Amount _____ Time to be administered at school _____

Date to be discontinued (if appropriate) _____

Condition for which drug is being given _____

Note any side effects of the medication _____

Physician's Signature _____

Address _____

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 should be brought to the school by a responsible adult in its original container.

Name Parent/Guardian _____

Address _____

Cell Phone _____ Hm Phone _____ Wk Phone _____

Parent/Guardian Signature _____

Date _____

Medication orders must be renewed by the attending physician and release signed by the parents or guardians annually. Each medication or change in medication requires an updated form.