



The Nassau County School District

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John L. Ruis, Ed.D.
Superintendent of Schools

Dear Parent/Guardian,

The School District of Nassau County is required to dispose of all medications left on campus after the last day of school. All medications must be picked up by the parent/guardian by the last day of school. All medications not picked up by the end of the school year will be collected by the district for disposal.

In cooperation with the Nassau County Health Department, we have established a procedure for the removal from our campuses of all unclaimed prescriptions. These prescriptions will then be taken to a facility to be destroyed. A chain-of-custody has been established to ensure all medications are accounted for before being destroyed.

We appreciate the privilege we have had in being a part of keeping your child healthy and successful in school. The school district looks forward to carrying on a high level of service to all of our community. If you have any questions, please contact your school for details.

Sincerely,

Andreu Powell
Coordinator of Intervention & Prevention

Our mission is to develop each student as an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society.

AN EQUAL OPPORTUNITY EMPLOYER

THE SCHOOL BOARD OF NASSAU COUNTY

AUTHORIZATION FOR THE ADMINISTRATION OF
PRESCRIBED MEDICATION BY SCHOOL PERSONNEL

Student's Name: _____ FL.ID No.: _____

Teacher: _____ Gr.: _____ School: _____

Most prescribed medicine can be scheduled so that none is required while the student is at school. However, for those cases, which require that medicine is given to students at school and to provide for the safe management of medications, the following procedures will be followed:

1. Only medications prescribed by a physician will be administered by school personnel.
2. This authorization form must be completed and returned to the school before medication will be accepted and administered.
3. Medication will be accepted, counted, stored in the original container and administered only through the main office by trained personnel, unless otherwise prescribed or instructed by the physician. Additional physician's orders are to be attached to this form.
4. Medication must be in the **original** container.
5. Disposable measuring spoons or cups needed to dispense medicine must be furnished by parent/guardian.
6. Outdated medication will not be delivered.
7. All medications should be picked up by the Parent on the last day of school or they will be disposed of by the Department of Health.

I grant permission to the principal or designee to assist in the administration of

_____ for the treatment of _____ to my child
Name of Medication Diagnosis

_____ My child must receive _____ at _____
Child's Name Dosage (Amount) Time a.m./p.m.

from _____ to _____
Beginning Date Ending Date

_____ Prescription Number Pharmacy Name Pharmacy Phone No.

_____ / _____ / _____
Parent/Guardian Name (Print) Parent/Guardian Signature Date

There shall be no liability for civil damages as a result of the administration of such medication when the person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances. F.S. 1006.062; School Board Rule 5.90 Administration of Medication by School Personnel.

VALID FOR ONE CALENDAR YEAR
COMPLETE A SEPARATE FORM FOR EACH PRESCRIPTION

Attach Medication Log to the back of this form when medicine is no longer required and/or at the end of the school year. File in the Student's Cumulative Health Record.