

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.

**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.

