



St. John Catholic School

PERMISSION TO ASSIST WITH MEDICATION ADMINISTRATION
ONLY ONE MEDICATION PER FORM

Under the provisions of Section 1006.062, Florida Statutes, any student who is required to take medication during the time they are attending school, including any occasion when the student is away from school property on official school business 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 necessity for the medication to be provided during the school day, including any occasion when the student is away from school property on official school business and the method, amount and time schedules by which such medication is to be taken, and 2) this permission form executed by the parent or guardian of the student granting permission for the school district to assist the student in the matters set forth in the physician's statement.

Required to be Completed by the Physician/Designee

Student's Name _____ Date _____
Medication _____ Generic Name (if used) _____
Route of Administration _____ Dosage Amount _____
Time(s) to be administered _____ Date to be discontinued (if applicable) _____
Condition for which drug is to be given _____
Note any possible side effects _____

It is necessary that the medication be provided during the school day because: _____

Student May Carry: Students will be allowed to carry on their person while in school and self-administer Epi-pens, metered dose inhaler, Diabetic Supplies, and/or Pancreatic Enzyme Supplies if ordered by a physician and if student knows how to self-administer.

Diabetic Supplies Physician's Initials _____ Inhaler Physician's Initials _____
Glucagon Physician's Initials _____ Epi-pen Physician's Initials _____
Insulin Physician's Initials _____ Pancreatic Enzyme Supplement Physician's Initials _____

If the Student needs to personally carry the supplies, identify the supplies and equipment. Describe the level of activities the Student is capable of performing without assistance. _____

Physician's Name _____ Physician Telephone _____
Physician's Signature _____ Date _____

Required to be Completed by the Parent/Guardian

It is understood there shall be no liability for civil damages as a result of the administration of the medication when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances. All medication MUST be brought to the school by a responsible adult in the original container. The first dose of any new medication MUST be give at home. Medication orders must be renewed by the attending physician and this release signed by the parent or guardian at the beginning of each school year.

List your child's allergies: _____
Parent/Guardian Signature _____ Date _____

Home Phone _____ Business Phone _____ Cell Phone _____