



INDIAN TRAILS MIDDLE SCHOOL

Paul Peacock, Principal
Katherine Crooke Assistant Principal
Ryan Andrews Assistant Principal

5505 N. Belle Terre Parkway Palm Coast, FL 32137
Phone: (386) 446-6732 Fax: (386) 446-7662

AUTHORIZATION TO ADMINISTER *NON-PRESCRIPTION* MEDICATION TO STUDENTS BY SCHOOL PERSONNEL

NOTE: SCHOOL BOARD POLICY REQUIRES THAT:

1. Non-prescription medication can only be administered at school when failure to take such medication could jeopardize a student's health. Only authorized school personnel can administer non-prescription medication at school for limited time with the parent's written consent.

2. Medication must be brought to school by the parent/guardian. It must be in the original container and include the following.

A. NAME OF STUDENT

B. INSTRUCTION AS TO DOSAGE (amount and time)

C. INDICATION OF SPECIAL STORAGE, IF NEEDED (refrigeration, etc.)

PARENT'S AUTHORIZATION (To be completed by parent/guardian)

Student's Name _____ School _____ Date of Birth _____

I have requested: _____ of _____ to administered
(Dosage) (Name of Medication)

at _____ am / pm.

PARENT / GUARDIAN PERMISSION

I hereby request that my child be given the above medication while in school and away from school for school activities. I understand that law provides that 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 ordinary reasonable prudent person should have acted under the same or similar circumstances.

Signature of Parent / Guardian: _____ Date: _____

Parent / Guardian Name _____ Address _____

Home Phone Number _____ Emergency Phone Number _____ Business Phone Number _____

School Nurse Signature / Authorized School Personnel _____ Date _____