



## 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 \_\_\_\_\_