ST. JOHNS COUNTY SCHOOL DISTRICT

HEALTH SERVICES

PARENT PERMISSION FOR STUDENT TO SELF-ADMINISTER NON-PRESCRIPTION MEDICATION

School Board Policy 5.15 – Administration of Medication during school hours, states that "all prescription and non-prescription medication administered by the school at the elementary, middle and high school level must be directed by a physician who has determined that a student's health and well-being requires medication during school hours. All non-prescription medication in the possession of students at the middle and high school, not administered by the school, requires written permission from the parent to the school."

To comply with **School Board Policy 5.15,** parents/guardians are responsible for obtaining the Medication Authorization Form to be filled out by the physician if medication will be given by the school. For those students carrying Non-prescription; Non-emergency medications, the parent/guardian is responsible for completing the Parental Permission Form at the bottom of this letter.

School Board Policy 5.15 – Administration of Medication During School Hours, states that a student at the middle and high school level may carry a Non-prescription; Non-emergency medication on his/her person while in school with approval from his/her parent/guardian.
Over-the-counter medications must be in the original container.

I give permission for the below named child to carry and self-administer his/her own Non-prescription; Non-emergency medication. I understand that my child may not share his/her medication under any circumstance and that a copy of this permission form must accompany the stated medication. I understand that if there is inappropriate behavior or a safety risk, ***the privilege*** of carrying his/her medication will be rescinded.

Student Name _____ Grade _____ Homeroom _____

Name of Non-prescription; Non-emergency medication: _____
Reason for medication: _____
_____
_____

_____ _____ _____
Parent/Guardian Signature | Parent/Guardian Printed Name | Date

I understand that I am not to share my medication under any circumstance and that a copy of this permission form must accompany the above medication.

_____ _____ _____
Student Signature | Student Printed Name | Date