

**SCHOOL DISTRICT OF OKALOOSA COUNTY**  
OFFICE OF RISK MANAGEMENT

**ADMINISTRATION OF MEDICATION IN THE SCHOOL PERMISSION FORM**

TEACHER: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

I hereby certify that it is necessary for \_\_\_\_\_  
(Full Name of Student)

\_\_\_\_\_  
(Address)

to be given the medication listed below during the school day, including when/she is away from school property. I understand such medication may be administered by a non-medically trained staff member to be designated by the principal. **The first dosage of any new medication shall not be administered during school hours due to the possibility of an allergic reaction. The medication prescribed for the student must come in the original container and delivered to the school by a parent or legal guardian.**

Name Of Medication: \_\_\_\_\_

Amount Of Medication Brought To School: \_\_\_\_\_

Dosage To Be Given: \_\_\_\_\_ Time Of Administration: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Reason For Prescription: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Instructions/Comments: \_\_\_\_\_

Emergency Telephone Numbers: Mother: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Father: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Other Emergency Contact Person: \_\_\_\_\_ / \_\_\_\_\_  
(Name) (Telephone)

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parents are requested to pick up any left-over medicine within ONE week after the ending date. Medicine left after this time will be discarded.  
Parent phone calls are insufficient to change the dosage or time. There will be no changes in the dosage or the times medication is administered without a physician's written permission/authorization. Each administration must be properly recorded on the Individual Medication Administration Log(MIS 5309).

\_\_\_\_\_  
Date  
Over \_\_\_\_\_  
Parent/Guardian Initial

Medication must be brought in by the parent or legal guardian. Non-prescription medication must be brought to school in the original container and shall be labeled with the student's name. A permission form for the administration of medication must be completed, signed, dated and kept on file. Each administration must be recorded on the individual Medication Administration Log whenever given (MIS 5309).

When it is necessary for students to keep medication with them at all times ( for example: inhalers, enzymes, bee sting emergency pens or kits, etc.) A physician's written order stating such, must be obtained and kept with the Administration Of Medication Permission Form (MIS 5183) for each student.

It is understood the school district is not required by law to provide medication to my child and therefore in consideration of the school district's agreeing to administer such medication I agree to hold the school district or its employees, representatives and public health personnel free from any and all responsibility for the manner in which it is administered and to indemnify each of them against loss by reason of any civil judgement arising out of these arrangements which may be rendered against them. The school is authorized to secure emergency medical services for my child whenever the need for such services is deemed to be necessary by the principal, school nurse or school staff member.

---

(Date)

---

(Parent/Guardian Signature)

Individual Medication Administration Record (MIS 5309) shall be attached to Administration of Medication Permission Form (MIS 5183) REV01/08.