

**Medication Rules
Florida Statutes 1006.062
and the
Brevard County School
Board**



Get the A+

Parent Guidelines for Medication Rules – to be given to Parent/Guardian when they fill out parent permission form for medication administration.

1. All medications coming to the schools must be in the original container with the manufacturer / pharmacy label in place. This includes cough drops and over-the-counter medications.
2. Please do not send loose medication (cough drops, pills, etc.) to school in plastic bags. This clinic will be unable to give your child those medications.
3. The clinic cannot give your child medication if the label has been altered in any way.
4. Over-the-counter medication can only remain at school for 10 days, unless you have a Doctor's note to authorize it remaining longer.
5. Please don't ask the clinic to give adult dosages on over-the-counter medication. If the label states "under 12 to get Doctor approval", then you will need written approval from the Doctor for it to be administered at school.
6. Parent permission forms need to be completed for ALL medication to be given at school, including cough drops and over-the-counter medications.
7. When completing Parent Permission forms, please be aware that your instructions match the label on the medication bottle, or the medication cannot be given.
8. **STUDENTS CANNOT TRANSPORT MEDICATION TO AND FROM SCHOOL.**
9. All medication will be counted upon arrival at school. A parent signature is required to verify that the count is correct.
10. If your child forgets to take a morning dose at home, please be aware that the school cannot give medication without a written note from you. This can be faxed to the school.

SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

**PARENT'S REQUEST FOR THE
ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

School Board Rule 6Gx5-4.17(5) Medication will be stored properly in the **ORIGINAL CONTAINER** under lock and key.

FS 1006.062 (2) There shall be no liability for civil damages as a result of the administration of such medication when the person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.

I hereby grant permission to the principal or his/her designee to assist in administering the following medication to my child.

CHILD'S NAME _____

**NAME OF DRUG
MEDICATION** _____

DOSAGE _____ **ROUTE** _____

AT THE FOLLOWING TIMES _____

EXPLANATION (Why is medication necessary during the school day)

_____ Date

_____ Parent/Guardian Signature

STD 9600 058 1-85

Note: This form is not to be altered in any way.
August 2008