

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY HEALTH SERVICES J.E. Hall Center, 30 E. Texar Dr. Pensacola, FL 32503	AUTHORIZATION FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION		
THIS FORM IS VOID IF ALTERED IN ANY WAY			
INSTRUCTIONS: Each of the three sections must be completed by the appropriate person as follows: Parts I and III by Parent/Guardian. Part II by Physician. Please return the completed form to the school health room/office.			
I. STUDENT INFORMATION (To be Completed by Parent/Guardian).			
Student's Name (Last, First, Middle)	Birth Date	Medicaid #	Grade/Homeroom Teacher
Parent/Guardian	Address		
Home Phone	Work Phone		Other Phone (Cellular, Beeper, etc.)
II. ACTION PLAN (To be Completed by Parent/Guardian). Please complete all spaces.			
THIS REQUEST IS TO BE EFFECTIVE FOR THE SCHOOL YEAR 20____ - 20____ OR EARLIER STOP DATE: _____ MEDICATION: _____ GENERIC NAME (IF USED): _____ DOSAGE AMOUNT: _____ PLEASE ADMINISTER ACCORDING TO MANUFACTURER'S LABEL FOR RECOMMENDED TIME SCHEDULE WHEN NEEDED AT SCHOOL FOR THE FOLLOWING CONDITIONS OR SYMPTOMS: _____ _____			
III. PARENTAL PERMISSION (To be Completed by Parent/Guardian). Form is void if this section is incomplete.			
I request the designated school personnel or its agents to assist my child in the administration of the above prescribed medication. I give permission for my child to take this medication while in school or while participating in school activities away from the school site. I understand that: (1) there is no liability on the part of the school district, its personnel, or agents, including Escambia County Health Department personnel, for civil damages as a result of the administration of this medication by my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) this medication must be brought to the school only by a responsible adult; (3) this medication must be in its original labeled container; (4) this medication will be destroyed if it is not picked up within one week following the above stop date or one week after the close of the current school year, whichever occurs first. Parent/Guardian Signature: _____ Date: _____ Non-prescription medication requests must be renewed by the parent/guardian and release signed by the parent/guardian annually. Each medication, or any change in medication requires a new form. The parent/guardian will be responsible for ensuring that medicines provided for the school have not expired. 9400-HES-005-B Revised: June 19, 2001			