

THE SCHOOL DISTRICT OF VOLUSIA COUNTY  
HEALTH SERVICES  
**AUTHORIZATION TO ADMINISTER PRESCRIPTION/ NON-PRESCRIPTION MEDICATION  
(TO STUDENTS BY SCHOOL PERSONNEL)**

NOTE: SCHOOL BOARD POLICY REQUIRES THAT:

1. Prescription medication can only be administered at school when failure to take such medication could jeopardize a student's health.
2. Medication must be brought to school by the parent/guardian or their adult designee. It must be in the original container labeled by the pharmacy to include the following, and must exactly match the doctor's orders:
  - A. **NAME OF STUDENT**
  - B. **NAME OF DOCTOR (Licensed and authorized by Florida law to order prescription medication)**
  - C. **NAME OF MEDICINE**
  - D. **INSTRUCTION AS TO DOSAGE (amount and time, such as 12:00 PM, noon, or lunchtime)**
  - E. **INDICATION OF SPECIAL STORAGE, IF NEEDED (refrigeration, etc.)**

**\*\*\* PLEASE COMPLETE ALL AREAS \*\*\***

**DOCTOR'S AUTHORIZATION** (To be completed by doctor) **ONLY ONE PRESCRIPTION DRUG PER FORM**

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Student's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

The above student is under my medical supervision. I have ordered \_\_\_\_\_  
**DOSAGE** \_\_\_\_\_ **EXACT TIME** \_\_\_\_\_ (Name of Medication)  
 \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_\_\_ at \_\_\_\_\_

Reason for medication to be administered at school: \_\_\_\_\_  
 Possible reactions or side effects: \_\_\_\_\_

**Date this prescription expires:** \_\_\_\_\_

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Doctor's Stamp \_\_\_\_\_ Doctor's Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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 the 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 ordinarily reasonable prudent person should have acted under the same or similar circumstances.

Signature of Parent/Guardian: \_\_\_\_\_

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Parent/Guardian's Name (Printed) \_\_\_\_\_ Address \_\_\_\_\_

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Home Phone Number \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_ Business Phone \_\_\_\_\_

\_\_\_\_\_  
School Nurse Signature Date