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Accreditation International
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HEALTH SERVICES
AUTHORIZATION TO ADMINISTER PRESCRIPTION/NON-PRESCRIPTION MEDICATION
(TO STUDENTS BY SCHOOL PERSONNEL)

NOTE: SCHOOL POLICY REQUIRES THAT:

Prescription medication can only be administered at school when failure to take such medication could jeopardize a student's health.

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 12:00pm, noon, or lunchtime)
- E. INDICATION OF SPECIAL STORAGE, IF NEEDED (refrigeration, etc.)

_____ has been ordered.
(Name of Medication)

Possible reactions or side effects: _____

PARENTS AUTHORIZATION – ONE PRESCRIPTION DRUG PER FORM

Student's Name

Grade

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 to 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.

Yes No I give permission for the school nurses' designee to administer medication to my child during times when the school nurse is unable to do so.

Signature of Parent/Guardian: _____

Parent/Guardian's Name (Printed) _____

Nursing Supervisor's Signature _____ Date: _____

SCHOOL SHOULD RETAIN THIS FORM IN THE HEALTH CLINIC
Revised 8/2018