Main Campus: 757 Jenks Ave. | Panama City, FL 32401 | Phone: 850-270-8411 FAX: 850.425.0509 | admin@squarepegsconnect.com

PERMISSION TO ADMINISTER MEDICATION

Under the provisions of Section 1006.062, Florida Statutes, any student who is required to take medication during school hours, including when the student is off school property on official school business, may be assisted by designated school personnel if the school receives:

- 1. A written statement from the physician detailing the necessity for the medication to be provided during the school day, including any occasion when the student is away from school property on official school business. The statement should include the method, amount, and time schedules by which the medication is to be taken.
- 2. This permission form executed by the parent or guardian of the student, granting permission for the school district to assist the student in the matters set forth in the physician's statement.

I understand that certain educational records of my child will be shared with the district's health care partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records.

Student's Name:	Date:
Address:	
Medication:	Generic Name (if used):
Route of Administration:	Dosage Amount:
Time(s) to be administered:	Date to be discontinued (if applicable):
Condition for which drug is to be given:	
Note any possible side effects:	
It is necessary that the medication be provided during t	the school day because:
If the student needs to personally carry the supplies, id without assistance.	lentify the supplies and equipment. Describe the level of activities the student is capable of performing
Physician's Signature:	Date of Request:
Physician's Address:	
Physician's Telephone:	
	as a result of the administration of the medication when the person administering the medication acts as an ler the same or similar circumstances. ALL MEDICATION MUST BE BROUGHT TO THE SCHOOL BY A
Parent/Guardian Signature:	Date:
Home Phone:	Cell Phone:
Medication orders must be renewed by the attending physic	cian, and this release signed by the parent or guardian at the beginning of each school year.

ONLY ONE MEDICATION PER FORM

Note: Students will be allowed to carry on their person while in school and self-administer: Epi-pens, metered dose inhalers, and/or Diabetic Supplies, if ordered by a

physician.