

St. Johns County School District Health Services

**Parent Permission for Student to Self-Administer
Non-Prescription Medication**

School Board Policy 5.15 – Administration of Medication During School Hours, states that “all prescription and non-prescription medication administered by the school at the elementary, middle and high school level must be directed by a physician who has determined that a student’s health and well-being requires medication during school hours. All non-prescription medication in the possession of students at the middle and high school, not administered by the school, requires written permission from the parent to the school.”

To comply with **School Board Policy 5.15**, parents/guardians are responsible for obtaining the Medication Authorization Form to be filled out by the physician if medication will be given by the school. For those students carrying Non-prescription; Non-emergency medications, the parent/guardian is responsible for completing the Parental Permission Form at the bottom of this letter.

School Board Policy 5.15 – Administration of Medication During School Hours, states that a student at the middle and high school level may carry a Non-prescription; Non-emergency medication on his/her person while in school with approval from his/her parent/guardian. **Over-the-counter medications must be in the original container.**

I give permission for the below named child to carry and self-administer his/her own Non-prescription; Non-emergency medication. I understand that my child may not share his/her medication under any circumstance and that a copy of this permission form must accompany the stated medication. I understand that if there is inappropriate behavior or a safety risk, **the privilege** of carrying his/her medication will be rescinded.

Student Name _____ Grade _____ Homeroom _____

Name of Non-prescription; Non-emergency medication _____

Reason for medication _____

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

I understand that I am not to share my medication under any circumstance and that a copy of this permission form must accompany the above medication.

Student Signature

Student Printed Name

Date

