

St. Johns County School District Health Services

Parent Permission for Student to Self-Administer Medication  
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 levels 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 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**, the 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 medication, 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 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.

I give permission for the below named child to carry and self-administer his/her own Non-prescription; Non-Emergency 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that if there is inappropriate behavior or a safety risk, **the privilege** of carrying his/her medication will be rescinded.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 ant that a copy of this permission form must accompany the above medication.

\_\_\_\_\_  
Student Signature                      Student Printed Name                      Date