Bay District Schools

Student Services

Headache Medication Form 2025-2026

ONLY ONE MEDICATION PER FORM

Under the provisions of Section 1006.062, Florida Statutes, any student who is required to take medication during the time they are attending school, including any occasion when the student is away from school property on official school business may be assisted by the school nurse or other designated school personnel if the school district receives, this permission form executed by the parent or guardian of the student granting permission for the school district to assist the student. I understand that certain health-related 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 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.

In accordance with Florida House Bill 1537, student may possess and use a medication to relieve headaches while on school property or at a school-sponsored event or activity without a physician's note or prescription if the medication is regulated by the United States Food and Drug Administration for over-the-counter use to treat headaches.

Student'sName _____Date _____
Medication _____ Generic Name (if used) _____
Time(s) to be administered _____Dosage Amount _____
Date to be Discontinued _____

Required to be Completed by the Parent/Guardian

It is understood there shall be no liability for civil damages as a result of the administration of the medication when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances. All medication MUST be brought to the school by a responsible adult in the original container. The first dose of any new medication MUST be given at home. This release must be renewed by the parent/guardian each school year.

List your child's allergies:_____

Please sign below:

Student May Not Self Carry: medication will be stored in the health room and student will receive assistance with administration as needed per product instructions.

Medication must be kept in its original unopened container.

Parent/Guardian Signature _____ Date _____

Student May Self Carry: student is able to self-carry a one day supply of Headache Medication and self-administer independently per product instructions.

Medication must be kept in its original container.

Parent/Guardian Signature _____ Date _____

Home Phone _____ Business Phone _____
Cell Phone _____