



# Medication Authorization Form

## The School District of Lee County

### School Year 20\_\_\_\_ - 20\_\_\_\_


Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Student #: \_\_\_\_\_

Diagnosis and ICD Code: \_\_\_\_\_

MEDICATION INFORMATION* (ONE MEDICATION PER LINE)				
Medication:	Dose:	Route:	Time/Frequency:	Date to begin/end:

\*Generic substitutes are permitted unless otherwise specified. All medication and procedure orders are valid for the current school year.

Please report the following adverse effects to the Prescriber's office: \_\_\_\_\_

HEALTHCARE PROVIDER INFORMATION	
Healthcare Provider Name:	
Healthcare Provider Signature:	Date:
Phone: 239 768 2111	Fax: 239 768 2113

PARENT CONSENT FOR MEDICATION ADMINISTRATION	
<p>Florida Statute 1006.062 requires written parental consent for a student to take medication during the school day.  <b>Please see the reverse side of this document for Guidelines for Administration of Medication.</b></p> <p>I agree with the above-prescribed medication regimen and authorize the personnel of The School District of Lee County, Florida, to administer medication to my child/student. Prescribed medication may be administered by unlicensed assistive personnel trained by the school nurse. I understand that these persons are unlicensed assistive personnel. It is understood that this medication will be administered, if needed, on field trips. I release the School Board and any of its employees from all claims, demands, damages, actions, causes of action, or suits at law or in equity, of whatsoever nature against the School Board and any of its employees for administering said treatment/procedure. I also authorize the school nurse to contact the prescribing licensed health care provider or his/her designee to exchange information concerning the purpose, dosage, and effects of this medication. I understand that all supplies are to be furnished/restocked by parent(s)/guardian(s).</p>	
Parent/Guardian Name:	
Parent/Guardian Signature:	Date:
Contact Phone Number:	Alternate Phone:

FOR AUTHORIZED SCHOOL PERSONNEL USE ONLY			
Medication:	# Received:	Staff Name/Initials:	Parent Name/Initials:



# Guidelines for Administration of Medication

## The School District of Lee County

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### Guidelines for Administration of Medication

1. Medication should be administered during school hours only when medication schedules cannot be adjusted to allow for administration at home.
2. A new *Medication Authorization Form* is required each school year and for any changes to the current order during the school year.
  - a. The prescribing health care provider and the parent/guardian must sign and date the authorization before any medication can be given at school.
  - b. Only FDA-approved [regulated] medications will be administered by school personnel (i.e., no herbal medications, supplements, essential oils, etc.).
  - c. Medication and treatment orders may only be accepted by a Florida licensed health care provider (F.S. 464.003(19)(b)).
3. The parent or guardian is responsible for transporting medication to and from school and for direct delivery to an authorized school staff member.
  - a. Prescribed medications must be in the original container with a pharmacy label, not expired, and matching the current physician's order.
  - b. Over-the-counter medications must be in the original unopened container, not expired, and labeled with the child's name.
  - c. A medication count and co-signature for the delivery and receipt of the medication will be required.
  - d. It is the responsibility of the parent/guardian to cut medication in accordance with the medication dosage on the pharmacy label and physician authorization.
4. No more than a month's supply (30-day supply) of controlled medication should be brought to school by a parent/guardian.
5. Students are only allowed to carry and self-administer metered dose asthma inhalers, pancreatic enzyme supplements, epinephrine auto-injectors and/or diabetes supplies, medication, and equipment with a completed authorization form from their parent/guardian and physician (F.S. 1002.20(3)(h), (i), (k) and/or (j)).
6. No prescription narcotic analgesics will be administered at school.
7. All medications must be removed from the school premises one week after the expiration date, upon appropriate notification of medication being discontinued, or at the end of the school year. If not retrieved by a parent/guardian, unused and unclaimed medication will be destroyed following proper disposal procedures.