

DUVAL COUNTY PUBLIC SCHOOLS MEDICATION ADMINISTRATION AUTHORIZATION

Student _____ DOB ___/___/___ Allergies _____

Name of Medication _____ Dose _____ Time _____

Route by mouth inhaled injection other: _____

Reason to be administered _____

Special instructions _____

I grant permission for the principal or principal's designee to assist in the administration of the medication for my child (named above). I certify that the prescribed medication is in its **original container** and that it is necessary, according to my physician's instructions, for this medication to be provided during the school day, including when my child is away from school property on official school business. I understand that this **medication will be given only according to the directions on the label as prescribed by the doctor**. Further, I agree to waive any claims of liability that may arise against any school personnel relative to the administration of medication to my child according to these directions. **I further understand that, at the end of the school year, it will be my responsibility to pick-up any unused medication by the last day of the school year, otherwise the school will dispose of the medication.**

_____/_____/_____
Date

Signature of Parent/Legal Guardian

Parent/Legal Guardian phone #

I have determined that it is necessary for this medication to be provided during the school day for the above named child. **(If you have determined the child needs to self-carry this medication, please also complete the section at the bottom of this form.)**

_____/_____/_____
Date

Signature of Physician

Physician Phone #

STUDENTS WHO ARE AUTHORIZED TO SELF CARRY MEDICATION (Epinephrine, inhalers, diabetic supplies, and pancreatic enzymes)

My child is required to self-carry this medication during the school day. I understand that this means my child will be self-administering this medication and the school staff is not responsible for monitoring the administration. I understand that I am responsible for ensuring that my child has this medication during the school day, including when the student is away from school property on official school business. I will ensure that the medication my child carries is properly labeled and not expired.

_____/_____/_____
Date

Signature of Parent/Legal Guardian

I understand that I am to self-carry my medication and to determine when I need to use the medication. I will not allow any other student to use my medication. I will notify an adult of any symptoms I experience during the school day.

_____/_____/_____
Date

Signature of Student

It is necessary for this child to self-carry this medication during the school day. The child is knowledgeable of when and how to use the medication.

_____/_____/_____
Date

Signature of Physician

Physician Phone #

MEDICATION GUIDELINES

A. Prescription Medication

In accordance with Section 1006.062, Florida Statutes, the following are guidelines for the administration of prescribed medication by school personnel:

1. The principal or a trained designee may administer prescription medication to a student while at school provided that for each prescribed medication, the student's parent or guardian shall provide to the school principal a written statement which shall grant the principal or his designee the permission to assist in the administration of each prescribed medication and which shall explain the necessity for the prescribed medication to be provided during the school day, including when the student is away from school property on official school business. The school principal or the trained school staff designee shall be allowed to assist the student in the administration of such medication.
2. All medication is to be brought to the school by a Parent or Legal Guardian.
3. All prescribed medications to be administered by school personnel shall be **received**, **counted** and **stored** in original containers. When a medication dose is given to a student, it **must be recorded**. If dosage is not recorded, it will be assumed that the student did not receive the required dose. When the medication is not in use, it shall be stored in its original container in a secure fashion **under lock and key** in a location designated by the principal.
3. There shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonable prudent person would have acted under the same or similar circumstances.

B. Metered Dose Inhalers for Students with Asthma

Section 1002.20, Florida Statutes, authorizes asthmatic students to carry a metered dose inhaler on their person while in school when they have approval from their parents and their physician. The school principal shall be provided a copy of the parent's and physician's written statement of approval.

C. Nonprescription Medication

For nonprescription medication that is required to be administered at school, the above stated guidelines for prescribed medication will apply.

For nonprescription medication (over-the-counter medicine such as aspirin, cough syrup, Murine), the parent or legal guardian must:

1. Request in person that the medication be administered to the student during school hours.
2. Sign a written request (to be kept on file in the school) that states the type of medication, amount of dosage, and time the medication is to be administered to the student.

D. Self-Carry Medication

Once a "Medication Administration Authorization" form is completed by the parent, student and physician indicating the need for the student to self-carry a medication is on file at the school, the student may carry the following medications: albuterol inhaler, epinephrine auto injector, diabetic supplies, and pancreatic enzymes.