



GUIDELINES FOR ADMINISTRATION OF MEDICATION

It is recognized that medications may be essential for some students. When possible, all medications should be administered at home. If medication must be given at school, the following procedures must be followed:

1. A signed statement by the parent/guardian requesting the administration of medication must accompany all medication. The official authorization form (SB 87034) must be returned to school within two (2) days following the initial receipt of the medication. New authorization forms will be required when any changes with the orders occur.
2. Medication must be sent to school via a parent or guardian. It is not safe for children to delivery medicine to the school. This policy prevents safety concerns of lost or stolen medicines, students sharing medicines with friends, students taking medicine unsupervised.
3. Medication must be in the prescription container with the date, dosage, name of drug, and students' and physician's names clearly marked. Medication must remain in the container in which it was originally dispensed. Most pharmacies will provide an extra empty labeled bottle for parents if requested when the prescription is filled.
4. Parents should arrange for a separate supply of medication for school. Medication will not be transported between home and school on a daily or weekly basis. Exceptions by Florida statutes 1002.20(h)(i) are Asthma Inhalers and EpiPens which require special parent forms and physician forms/doctor's orders.
5. When any medications are added or discontinued, a new authorization form will be required.
6. When medication dosages or times are changed, both steps must be followed:
 - a) A written note from the parent requesting the changes must be sent to the school and then a new signed authorization form with the correct information must be completed.
 - b) A new label from the pharmacist or physician's order/prescription indicating the change must be sent to the school. A fax is acceptable.
7. Medication will be stored in a locked cabinet at the school at all times. Exceptions by statutes are Asthma Inhalers and EpiPens which students carry and require special parent and physician forms/doctor's orders.
8. Since there are a number of students who receive medication during school hours, a school district employee designated by the principal will administer medication.
9. Oral nonprescription (over-the-counter) or sample drugs will be dispensed only when accompanied by written orders from a physician. Medication is always to remain in the container in which it was purchased. Written parental authorization is needed for all nonprescription drugs. Cough drops will be treated as an over-the-counter medication. Students may not carry over the counter medicines at school. Possession of drugs of any kind can lead to serious disciplinary action.

GUIDELINES FOR ADMINISTRATION OF MEDICATION (cont.)

10. Substances not to be given at school are all unregulated products, such as herbs and food supplements, which are being used as treatments, dietary supplements, or folk remedies.
11. *No Prescription Narcotic analgesics* are to be dispensed at school. The side effects make it unsafe for students to attend school while medicated with narcotics.
12. Liquid medication will be given in a calibrated measuring device. The parent should supply a calibrated measuring device.
13. When medication is discontinued or, at the end of the school year, medication not taken home by the parent will be destroyed.
14. Planning and protocols for any medication or treatment which requires one time dosage for a specific intent are the responsibility of the Registered Nurse ONLY>
15. Parents of students attending after school programs, will need to make arrangements with the after-school programs when medicines or treatments are needed.

Florida Statue 1006.062 is the reference for the above guidelines.

Questions regarding these procedures should be directed to the Health Services Nurse assigned to the school your child attends or to the office of School Health Services, Department of Student Support, 273-7020.



Hillsborough County
PUBLIC SCHOOLS
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SCHOOL HEALTH SERVICES
PARENTAL AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

Date: _____ **Student #** _____

Student's Name: _____ **Date of Birth:** _____
 Last First Middle

Teacher's Name: _____ **Grade:** _____ **Room #:** _____

As the parent/guardian of the student named above, we/I request the principal/principal's designee to administer the medication(s) described below to our/my child at school.

Known Allergies

Medication	Amount/ Strength	Dose	Medication Expiration	Time	Purpose of Medication

Date Medication Begins: _____ **Date Medication Ends:** _____

Physician's Name: _____ **Phone Number:** _____

We/I understand that the provision of Florida Statute 1006.062, school personnel cannot be held liable for reactions or side effects from the administration of the medication(s). We/I also grant permission for school personnel to contact the physician if there are questions or concerns about the medication(s). **We/I have read the attached guidelines and agree to abide by them.**

Please list the medications your child takes at home (include dosage and times).

Where does the child go after school? _____

PLEASE NOTE EARLY RELEASE DAYS MAY EFFECT ADMINISTRATION OF MEDICATION.

Early release time: _____ **Will medication be given?** Yes No (Circle)

Parent/Guardian Signature **Home Phone** **Cell/Work Phone**

Parent/Guardian Signature **Home Phone** **Cell/Work Phone**



Physician Authorization for Administration of Medication(s)

Student Name _____ DOB / / Grade/Class _____

Over the counter medication can be given at school with the consent of a parent and **physician's signature is required** for the dispensing of the following common OTC medications. Each medication will be administered as directed by the physician's order (**WITH DOSING AMOUNTS**). Please circle yes or no if your child is allowed to have the medications listed below administered at school.

Acetaminophen for pain DOSE & Frequency:	Yes	No	Ibuprofen for pain DOSE and Frequency:	Yes	No
Petroleum Jelly for chapped lips, abrasions	Yes	No	Hydrocortisone cream 1% for itching	Yes	No
Heating pad for aches and/or menstrual cramps	Yes	No	Antacid for GI upset (Tums)	Yes	No
Baking soda paste for stings and splinters	Yes	No	Hard Candy for sore throat	Yes	No

****Please note**** If the child has an elevated temperature (≥ 100.0 ° F), vomiting, diarrhea, rash, green respiratory drainage, green drainage from one or both eyes &/or lice, a parent or guardian will be contacted and will need to make arrangements to pick their child up immediately. Students may not return until they have been fever/symptom free for 24 hours (without medication). If necessary, the school nurse and/or principal may ask for a written statement from a licensed physician stating it is safe for the student to return.

List all allergies, drug reactions, and health conditions:

List all medications taken at home on a regular basis:

We understand that under the provision of Florida Statute 232.46 school personnel cannot be held liable for reactions or side effects from the administration of the above medication(s). We also grant permission to contact myself and/or the physician if there are questions or concerns about medications. I have read the "Guidelines for Administrations of Medication".

Parent/Guardian Signature _____

Physician Stamp:

Daytime Contact Number _____

Physician's Signature _____

Physician's Phone Number _____

Date _____



**PHYSICIAN'S ORDERS FOR SELF-ADMINISTRATION OF
INHALER BY STUDENT AT SCHOOL**

<http://www.flsenate.gov/Laws/Statutes/2013/1002.20>

Full Name of Student _____

Date of Birth _____ Student # _____

Home Address _____

Parent/Guardian' Daytime Phone _____ Evening Phone _____

SPECIAL NOTE: The physician's orders must be accompanied by signed parental authorization form.

To: The Physician

The information requested below is needed if a student is to use an inhaler in a Hillsborough County Public School. We appreciate your assistance in this matter. If you would like to discuss this procedure with a School Health Services staff member, please call 273-7020.

Health problem requiring inhaler _____

Name of medication _____

Amount to be given _____

When/how often _____

What other emergency procedures should be instituted if inhaler proves ineffective _____

It is understood that school personnel will not be responsible or liable for the administration of the medication listed above. It is further understood that proper instruction in the use of the inhaler has been given to the parent and student by you/ your staff. The privilege of self-administration of medication can be withdrawn if abused by the student.

Physician' Signature: _____ **Date:** _____

Physician's Printed Name: _____ **Phone #:** _____

FS 1002.20

(h) Inhaler use.—Asthmatic students whose parent and physician provide their approval to the school principal may carry a metered dose inhaler on their person while in school. The school principal shall be provided a copy of the parent's and physician's approval.



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**PARENTAL AUTHORIZATION FOR STUDENT
 TO SELF-MEDICATE (Part F, Item 6)**

<http://www.flsenate.gov/Laws/Statutes/2013/1002.20>

Date _____

Student's Name _____ Date of Birth _____ Student # _____

Teacher's Name _____ Grade/Homeroom _____

As the parents/guardians of the student named above, we/I authorize her/him to take (self-administered) the following medication at school:

Name of medication _____

Amount/Dosage _____ Expiration Date _____

Time student will take medication _____

Date medication will start _____ To end _____

Physician's Name _____

Health Problems requiring medication _____

Possible reactions/side effects _____

Where medication will be kept at school: _____

It is understood that school personnel will not be responsible or liable for the administration of the medication listed above. It is further understood that the authorizing physician has given proper instruction in the use of the inhaler to parent and student. Permission is also granted for school personnel to contact the physician if there are questions or concerns about the medication. We/I are aware the privilege of self-administration of medication can be withdrawn if abused by the student.

_____ Parent/Guardian Signature	_____ Daytime Phone	_____ Evening Phone
_____ Parent/Guardian Signature	_____ Daytime Phone	_____ Evening Phone

FS 1002.20

(h) Inhaler use.—Asthmatic students whose parent and physician provide their approval to the school principal may carry a metered dose inhaler on their person while in school. The school principal shall be provided a copy of the parent's and physician's approval.