



## **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 are required:

1. A signed statement by the parent/guardian requesting the administration of medication must accompany all medication. The Parent Authorization for Administration of Medication form (SB 87034) must be returned to school within two (2) days following the school's receipt of the medication. New authorization forms will be required when any changes with the orders occur. All medication/procedure forms must be updated annually.
2. Medication must be sent to school via a parent or guardian. It is not safe for children to deliver medicine to the school. This policy prevents safety concerns of lost or stolen medicines, students sharing medicines with friends, and students taking medicine unsupervised.
3. Medication must be in the prescription container with the name of drug, date prescribed, dosage prescribed, time of day to be taken, any special directions, with student's 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 school for parents if requested when the prescription is filled. No more than a month's supply should be brought in at a time. A new bottle with new expiration date is required every month.
4. All medications/procedure supplies received in the clinic must be counted with the parent or other staff and witnessed with two signatures on the Medication Count Sheet. The amount and date received are to be recorded. Parents are also to sign when picking up medication/supplies.
5. 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)(j)(k) are asthma inhalers and EpiPens, diabetes supplies and equipment, and pancreatic enzyme supplements which require special parent forms and physician forms/doctor's orders.
6. When any medications are added or discontinued, a new authorization form is required.
7. When medication dosages or times are changed, a new signed authorization form with the correct information must be completed and a new label from the pharmacist or physician's order/prescription indicating the change must be sent to the school. A fax is acceptable.
8. Medication will be stored in a locked cabinet at the school at all times. Exceptions by statutes are asthma inhalers, EpiPens, diabetic supplies and equipment, and pancreatic enzyme supplements. Students who self-carry require a special parent and physician form (SB 87035) and doctor's orders.



### **GUIDELINES FOR ADMINISTRATION OF MEDICATION (cont.)**

9. Since there is a number of students who receive medication during school hours, a school district employee designated by the principal will administer medication. The designated employee will be trained by the Registered Professional School Nurse as permitted by Florida law. This includes field trips and when the student is away from school property on official school business. The medication container with pharmacy label/supplies and copies of paperwork will be sent with the trained staff member or an agency nurse hired by the principal. All medications must be dispersed out of the original container with the exception of field trips. Under no circumstances may medication be transferred from one container to another by anyone other than registered pharmacist with the exception of field trips which must be done by the registered nurse.
10. Oral non-prescription (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 and must be unopened when received by the school. Written parental authorization is needed for all non-prescription 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.
11. All medications given at school must be U.S. Food and Drug Administration (FDA) approved. 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.
12. *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.
13. Liquid medication will be given in a calibrated measuring device supplied by the parent.
14. All medications/supplies must be removed from the school premises within one week of the expiration date, upon appropriate notification of medication being discontinued, or at the end of the school year. Medications/supplies that are unused and unclaimed will be destroyed following proper disposal procedures.
15. Planning and protocols for any medication or treatment which requires a one-time dosage for a specific intent are the responsibility of the registered nurse ONLY.
16. Parents of students attending after-school programs, will need to make arrangements with the after-school programs when medicines or treatments are needed.
17. Non-medicated sunscreen and insect repellent may be administered without a prescription but a parent authorization form must be completed.

Florida Statute 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, Division of Academic Support and Federal Programs, 273-7020.



**SCHOOL HEALTH SERVICES**  
**PARENTAL AUTHORIZATION FOR ADMINISTRATION OF MEDICATION**

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Known Allergies: \_\_\_\_\_

Medication	Amount/ Strength	Dose	Med. Exp. Date	Time	Purpose of Medication	Date Begins	Date Ends

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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). I also grant permission for school personnel to contact the physician if there are questions or concerns about the medication(s). I hereby authorize School Health Services staff to reciprocally release verbal, written, faxed or electronic student health information regarding the above named child for the purpose of giving necessary medication or treatment while at school. I understand Hillsborough County Public Schools protects and secures the privacy of student health information as required by federal and state law and in all forms of records, including, but not limited to, those that are oral, written, faxed or electronic. I hereby authorize and direct that my child's medication or treatment be administered in the manner set forth in this authorization form. I understand that I am responsible to furnish/restock all supplies and medications and that any unused medication that is not retrieved by me at the end of the school year will be destroyed. 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 IMPACT ADMINISTRATION OF MEDICATION.**

Early release time: 12:00pm Will medication be given? Yes No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Primary Daytime Phone

\_\_\_\_\_  
Date



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. **A physician's signature on a prescription 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**).

Medication:	Dosing Amount	Dosing Amount
Acetaminophen for pain or fever		Ibuprofen for pain or fever
A&D ointment for chapped lips		Hydrocortisone cream 1% for itching
Antibiotic ointment for minor scrapes/scratches		Antacid for GI upset
Eye Wash for allergies or irritation		Cetaphil/Eucerine lotion for dry skin

**\*\* Please note \*\*:** If the child has an elevated temperature ( $= 100.0^{\circ}\text{F}$ ) 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:

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List all medications taken at home on a daily basis:

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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 Administration of Medication".

Parent/Guardian Signature \_\_\_\_\_

Daytime Contact Number \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Physician Stamp