THE SCHOOL BOARD OF HARDEE COUNTY

P.O. Box 1678 Wauchula, Florida 33873

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MEDICATION / TREATMENT AUTHORIZATION FORM

For Administration during School Hours –

Dear Parent/Legal Guardian:

If your child needs to have medications/treatments given during the school day, state regulations and school board policy require that you and your healthcare provider/doctor provide written permission for school staff to administer prescription and over-the-counter medications or treatments. See form on reverse.

Medication refers only to those products which have been approved by the "Food and Drug Administration" (FDA) for use as a drug).

<u>Prescribed medications</u> must arrive in a container with the original, unaltered prescription label attached. The label **must display** all legal information required for a pharmacist to dispense a prescription medication such as: the date the medicine was issued and date it expires, patient's name, medication name, dosage instructions, and the prescriber's (doctor's) name. The label information must match the physician's order.

<u>Over-the-counter medications</u> must arrive in the original, unopened store-issued container. Please label the container with your child's full name and birth date. A physician's order *must* accompany the medication even if it is purchased over the counter.

The Medication / Treatment Authorization Form on the reverse side of this document must be completed and accompany any medication (either prescribed or over-the-counter) to be given to your child in school. Both a parent/legal guardian and the prescriber (doctor) must sign the form. Staff will not administer medications to your child without this written consent.

The parent, legal guardian, or other authorized adult must hand carry medications to the school health room. The health room aide upon request will verify the quantity of each medication. **Do not send medications to school with your child.** A PARENT OR LEGAL GUARDIAN MUST PICK UP MEDICATION AT THE END OF THE SCHOOL YEAR OR IF THE MEDICATION IS DISCONTINUED OR CHANGED DURING THE SCHOOL YEAR.

MEDICATION NOT PICKED UP WILL BE DISCARDED

THE SCHOOL BOARD OF HARDEE COUNTY MEDICATION/TREATMENT AUTHORIZATION FORM

Student's Name	Sex	Date of B	irth G	rade
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Home Phone # Work #		Emerg	ency #	
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