THE SCHOOL BOARD OF HARDEE COUNTY

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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).

Prescribed medications 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.

Over-the-counter medications 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

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MEDICATION/TREATMENT AUTHORIZATION FORM

_____ _____ _____ _____

Student's Name Sex Date of Birth Grade

The following section is to be completed by the parent or legal guardian:

I hereby grant permission to the school staff to administer prescribed medication and/or treatment to my child while in school and away from school while participating in official school activities (F.S. 1006.062). **It is my responsibility to notify the school if and when these orders change.** I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication and/or treatment where the person administering such medication and/or treatment acts as a reasonably prudent person under the same or similar circumstances.

Parent/Guardian name_____**Relationship**_____

Home Phone #_____ **Work #** _____**Emergency #**_____

Address_____

Signature_____**Date**_____

List child's allergies_____

The following section is to be completed by the prescribing physician:

(A separate form must be completed for each medication or treatment prescribed)

The student named in this document is under my medical supervision for the diagnosis described below. I have prescribed the following medication/treatment, which is necessary to be given at school. I am aware that trained non-medical staff may administer this physician prescribed service.

This order is to be effective for the school year: 202__ - 202_____

Diagnosis (for this medication/treatment):
Treatment:
Name of medication: Dose:
Instructions:
Route: Oral Topical Subcutaneous I.M. Inhaled Other
Time medication is given at home: (if applicable)
Possible side effects:
Is student authorized to carry and use asthma inhalation medication or EpiPen? Yes No
Has student been instructed in the use of asthma inhaler or EpiPen? Yes No
Other information:
Physician Signature: Date:
Physician Name:
Physician Address: Phone: Fax:
Medication order reviewed by school R.N.: Date:

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 _____