



THE SCHOOL BOARD OF SEMINOLE COUNTY, FLORIDA
ALLERGY MEDICATION AUTHORIZATION

Student Name _____ DOB _____ Grade _____

School _____ School Year _____

For Licensed Healthcare Provider Use Only:

Student has allergy to (list all that apply): _____

Previous symptoms to allergen if known: _____

Student has asthma [] Yes [] No (Note: If yes, student has higher chance of reaction)
Student has had anaphylaxis [] Yes [] No

In accordance with FS 1002.20: I authorize this student to carry and/or self-administer:

Student may carry epinephrine auto-injector [] Yes [] No
Student may self-administer epinephrine auto-injector [] Yes [] No

If yes to either self-carry/administer above, I verify that he/she has been instructed on and understands the following:

- [] Signs and symptoms of allergic reaction [] Appropriate time to administer
[] Safe storage and proper technique for administration [] Tell an adult to call 911

Medication:

[] Epinephrine: IM, auto-injector _____ Dose: [] 0.15 mg [] 0.3 mg
Administer initial dose for the following symptoms: _____

[] May administer second epinephrine dose, if available, _____ minutes after the initial dose.

[] Antihistamine: _____ Strength: _____
Dose: _____ Frequency: _____
To be given for what symptoms? _____

*In accordance with SCPS policy 5330, elementary students will not be permitted to carry the antihistamine above, this medication will be stored in the school clinic and be administered by trained school personnel.

THIS AUTHORIZATION IS VALID FOR THE CURRENT SCHOOL YEAR ONLY, INCLUDING SUMMER SCHOOL

Licensed Healthcare Provider Signature _____ Date _____

Printed Name _____ Phone Number _____

Address _____ Fax Number _____

The following section is to be completed by a parent/legal guardian:

- I hereby grant permission to the School Board of Seminole County, Florida, and its designees to assist in the administration of the above-prescribed medication to my child while in school and during school sponsored activities (FS 1006.062).
I give permission for my child's doctor to be contacted if needed regarding administration of the medication listed above.
It is my responsibility to provide the school with a new medication authorization form if and when these orders change.
Medication must be in the original container in which it was purchased. Prescription medications must have a pharmacy label attached that matches this authorization.

Print Name of Parent/Legal Guardian _____ Date _____

Signature of Parent/Legal Guardian _____ Relationship _____

DISTRICT USE ONLY

Table with 4 columns: Reviewed by School Board Nurse, Date, and two empty cells.



Seminole County
Public Schools

SERITA D. BEAMON
Superintendent

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Health Services Coordinator
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Educational Support Center
Student Support Services
400 E. Lake Mary Boulevard
Sanford, Florida 32773-7127



"A" Rated



Visit Our Web Site
www.scps.us/ss

Dear Parent/Legal Guardian:

MEDICATION POLICY INFORMATION

If your child needs to have medication given by school personnel during the school day, state law and school board policy require that you and/or your physician provide written authorization for administration of both prescription and over-the-counter medication.

Other options:

1. **Parent or Primary Guardian** may administer OTC or prescription medications (excluding medical marijuana/low THC cannabis/cannabinoid products) to their student in the clinic setting with completion of the Parent Administered Medication Form for each medication at each administration.
2. You may discuss an alternative schedule for administering medication outside of school hours with your licensed healthcare provider.

- The medication authorization on the reverse side of this document must be completed and signed by a parent/legal guardian and prescribing licensed healthcare provider. There are **NO EXCEPTIONS**.
- **Each medication requires a separate medication authorization form.**
- Prescription medication must be delivered in the current original container with an unaltered prescription label attached. Ask the pharmacist to divide the medication into two completely labeled containers, providing one container for school and one for home.
- Over-the-counter and sample medication must be delivered to school in the original container labeled with the student's full name, name of medication, directions concerning dosage, time of day to be taken and licensed healthcare provider's name.
- A parent/legal guardian or an adult with written parental permission must deliver medication to the school.
- High school students may deliver their own medication with parental written permission. **Elementary and middle school students are not permitted to deliver medication to school.**
- All medication authorization forms are valid for one school year only, which includes summer school and extended daycare terms unless an earlier stop date is specified.
- Medication may be given 60 minutes before to 60 minutes after the time medication is ordered.
- All expired/unused/discontinued medication, if not picked up, will be disposed of 5 days after parent notification, unless specific accommodations have been agreed upon by both parties.
- For the complete medication policy refer to School Board policy 5330.

Thank you for assisting us in providing safe medication administration for your child during the school day.

Sincerely,

SCPS Health Services Team