



THE SCHOOL BOARD OF SEMINOLE COUNTY, FLORIDA
STUDENT PRESCRIBED MEDICATION AUTHORIZATION

Student Name _____ DOB _____ Grade _____

School _____ School Year _____

Please be aware that this medication may be administered by trained unlicensed school personnel.

MEDICATION INFORMATION

TO BE COMPLETED BY LICENSED HEALTHCARE PROVIDER ONLY:

Condition for which medication is being administered: _____

Name of medication: _____ Strength: _____

Route to administer (please check one): Oral Inhaled Injected Topical Other (describe) _____

Dosage: _____ Frequency: _____ Time of Day: _____

If to be given as needed, for what symptoms? _____

List any significant side effects to medication: _____

FOR SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AND PANCREATIC ENZYMES:

- In accordance with FS 1002.20, I authorize this student to **carry and self-administer** the inhaler, epinephrine auto-injector, or pancreatic enzymes as described above and have instructed the student on its use. Yes No

FOR HIGH SCHOOL STUDENTS ONLY:

- Is this high school student authorized to carry and self-administer his/her medication? Yes No

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.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Printed Name _____ Relationship _____

| | | | |
|---------------------------------|--|-------|--|
| ***** DISTRICT USE ONLY ***** | | | |
| Reviewed by School Board Nurse: | | Date: | |



**Seminole County
Public Schools**

SERITA D. BEAMON
Superintendent

MIKE WEITERMANN, BSN RN
Health Services Coordinator
Office: (407) 320-2016
Fax: (407) 746-5716

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



"A" Rated

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



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www.scps.us/ss