

Hendry County School Board
School Health Services

Medication Authorization Form

Student: _____ Date of Birth: _____ Student # _____

School Name: _____ Grade: _____ Teacher: _____

Allergies: _____ Reaction: _____

Physician Authorization

Medication	Dose	Time	Duration
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Please list any adverse affects or reactions the school should observe for, or that you would like reported to you.

Permission to Carry and Self- Administer: Yes _____ No _____

The student has permission to carry and self-administer _____ during the school day. The student will show competence regarding administration and safety before being allowed to carry the medication on his/her person while in school. (The student may carry: Epinephrine, rescue inhalers, diabetic supplies, and pancreatic enzymes.)

Physician's Name (Print)

Telephone number

Physician's Signature

Date

Fax #

Parent Authorization

Parent's Signature

Date

I give permission for my child to **carry and self-administer**: _____ during the school day.

My child will be responsible for the safe keeping of the medication and will show competence regarding self-administration.

Parent's Signature

Date

This form releases the person giving the medication, according to above directions of any liability.

Dear Parent/Guardian,

Please review the following and return the completed form (reverse side) to the school nurse.

1. Medications will not be given without parental authorization.
 2. Most medications require a physician's permission and instruction.
 3. All medicines must be brought in by an adult and must be labeled with the student's name.
 4. All prescription medication must be in the most current bottle or container. No refilling or use of an old bottle is allowed.
 5. All prescription medication must have the original prescription label.
 6. Any labels that are altered or marked on will not be allowed.
 7. The school is not allowed to keep over the counter medications (i.e. Tylenol/Advil) on hand.
 8. The school health room is stocked only with first aid ointments and supplies. If a student is to receive an over the counter medication during school hours, the parent/guardian must provide the medicine and written permission.
 9. No medication is allowed to be given that is not approved by the FDA (Herbals, essential oils, Zarbees, homemade, or holistic medication).
 10. Medication must be administered exactly as prescribed. Parental changes to medication administration are not allowed unless accompanied by a prescription label and a physician permission form that mirrors the change.
 11. Parents will be contacted to come to school and pick up any expired medications or medication remaining at the end of the school year. Medications that are not picked up by parents will be properly disposed of per local policy. They will not be kept in the clinic for the next school year.
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Estimado Padre/Tutor,

Por favor revise lo siguiente y devuelva el formulario completado (reverso) a la enfermera de la escuela.

1. Los medicamentos no se darán sin la autorización de los padres.
2. La mayoría de los medicamentos requieren permiso e instrucción de un médico.
3. Todos los medicamentos deben ser llevados por un adulto y deben estar etiquetados con el nombre del estudiante.
4. Todos los medicamentos recetados deben estar en la botella o envase más actual. No se permite el rellenado ni el uso de una botella vieja.
5. Todos los medicamentos recetados deben tener la etiqueta original de prescripción.
6. No se permitirán las etiquetas alteradas o marcadas.
7. La escuela no está autorizada a mantener a mano los medicamentos de venta libre (es decir, Tylenol/Advil).
8. La sala de salud de la escuela está abastecida solo con ungüentos y suministros de primeros auxilios. Si un estudiante va a recibir un medicamento de venta libre durante las horas escolares, el padre/tutor debe proporcionar el medicamento y el permiso por escrito.
9. No se permite administrar ningún medicamento que no esté aprobado por la FDA. (Herbales, aceites esenciales, Zarbees, medicamentos caseros o holísticos).
10. El medicamento debe administrarse exactamente según lo prescrito. No se permiten los cambios parentales a la administración de medicamentos a menos que vayan acompañados de una etiqueta de prescripción y un formulario de permiso del médico que refleje el cambio.
11. Los padres serán contactados para venir a la escuela y recoger cualquier medicamento caducado o medicación restante al final del año escolar. Los medicamentos que no son recogidos por los padres se eliminarán adecuadamente según los requisitos locales. No se mantendrán en la clínica para el próximo año escolar.