



AUTHORIZATION FOR MEDICATION

ONE MEDICATION PER FORM

SCHOOL YEAR: 20____20____

STUDENT'S

PICTURE

Student's Name _____

Date of Birth _____

Grade _____

School Name _____

Phone Number _____

Fax Number _____

TREATMENT PLAN (To be completed by Medical Provider)

Diagnosis: _____

ALLERGIES: _____

Medication/Strength/Route: _____

Dose & Frequency: _____

Directions: _____

Side Effects: _____

Has student been trained in the use _____ (medication's name) Yes ☐ No ☐

Is student authorized to carry *and* self-administer _____ (medication's name) Yes ☐ No ☐

I am aware that this medication may be administered by school personnel/non-medical staff.

Provider's Name (PLEASE PRINT/STAMP) _____

Signature _____

Date _____

Address _____

Phone _____

Fax _____

PARENTAL/GUARDIAN PERMISSION

I, _____, give my permission to the School Principal or his/her specified
Parent/Guardian Name (PLEASE PRINT)

delegated personnel to administer prescribed medication to: _____
(Student's name and Relationship)

Signature of Parent/Guardian _____

Phone _____

Date _____

School personnel may administer and/or dispense medication to students in compliance with the following procedures approved by the Dade County Department of Public Health:

- A. When there exists a long-term or chronic illness or disability that requires maintenance type medicine and where failure to take prescribed medication could jeopardize the student's health and when the medication schedule cannot be adjusted to provide for administration at home.
- B. When there is a written treatment plan signed by a licensed physician and a consent form signed by parent or guardian attached to the student's Cumulative School Health Record (HRS-H Form 3041) for each type of medication prescribed. This treatment plan shall explain the necessity for the prescribed medication to be provided by during the school day.
- C. All medicine shall be received and stored in original containers. When the medication is not in use, it shall be stored in its original container in a secure fashion under lock and key in a location designated by the principal.
- D. The assistance in the administration of prescribed medication to students shall be done by the school principal or his/her trained designee.
- E. School personnel will maintain and keep current a list of students receiving medication during school hours, including name of medication, dosage, side effects, purpose and usual time of administration. At the time a student receives medication, the following must be recorded: time, date, and by whom it was administered. It is suggested this information be placed on a medication log. (Sample A)
- F. Authorization forms which include the physician's treatment plan, the necessity for medication, and consent of parent or guardian for assisting students in the administration of prescribed medication by school personnel will need to be filed only one time during a school year. The parent or guardian shall advise the school authorities, in writing, when a change of medication is required. A change in medication by the directing physician during the school year will require a renewal of the authorization forms.
- G. There shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.
- H. Orientation and training of district personnel assisting students in the administration of prescribed medication will be conducted, as necessary, by the Department of Health. The orientation will include medication policies and procedures, student's medical problems, the medication, its purpose, side effects, expected results and administration, the delivery, storage and proper care of medication.