

PARENT INSTRUCTIONS
FOR
STUDENTS REQUIRING MEDICATION ADMINISTRATION DURING SCHOOL

If your child needs to take medications while at school, including field trips, the following procedures need to be adhered to:

1. A completed *Authorization for Medication/Treatment Form** needs to be on file at the school. **This form needs to be renewed each year.** Your child's healthcare provider must clearly document the name of the medication, the amount and time to be given and any special instructions for administering the medication on the *Authorization for Medication/Treatment Form*. If your child needs to keep a medication with him/her at all times, as in the case of an inhaler, the healthcare provider must also state that on the *Authorization for Medication/Treatment Form* and that he/she has been trained in the proper procedure for self administering the medication.
2. The student's healthcare provider and parent/guardian must sign the form.
3. The parent/guardian must bring the medication to the school (students are not permitted to bring medications to and from school). The medication must be in the original container from the pharmacy. It must be labeled with the child's name, the name of the medication and the amount to be given. The school's designee will count the medication upon receipt and then keep it in a locked cabinet in the school clinic.
4. The school's designee trained in medication administration will administer the medication to your child each day while at school.
5. If the medication order changes or is discontinued, the parent needs to provide the school with a new *Authorization for Medication/Treatment Form*, completed by the healthcare provider.
6. If your child needs to have a medication administered on a field trip that he/she would not normally take while in school (i.e. field trip extends past normal school hours) the parent needs to have an *Authorization for Medication/Treatment Form* completed by the healthcare provider. Trained school personnel will administer the medication.

*There is a separate *Diabetes Medication/Treatment Authorization Form and Insulin Pump Medication/Treatment Authorization Form* that needs to be completed for students requiring medication and/or treatments for Diabetes while in school.

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Health Education Services, 600 SW 3 Avenue, 7th Floor, Ft. Lauderdale, FL 33301 Phone: (954) 768-8974 Fax: (954) 768-8169

AUTHORIZATION FOR MEDICATION / TREATMENT

Student's Name: _____ Date of Birth: _____ Grade: _____
 School: _____ Phone #: _____ Fax#: _____

 Allergies: _____

Diagnosis: _____

MEDICATION	DOSAGE & ROUTE	FREQUENCY	SPECIFIC TIMES	SPECIAL INSTRUCTIONS / SIDE EFFECTS

TREATMENTS DURING SCHOOL HOURS

Treatment Plan: _____

PROCEDURE	TYPE	MEDS / FEEDING AMOUNT	FREQUENCY / SPECIFIC TIMES	RATE / FLOW
Catheterization				
Feedings	<input type="checkbox"/> G-Tube <input type="checkbox"/> J-Tube <input type="checkbox"/> NG-Tube <input type="checkbox"/> Special			
Suctioning	<input type="checkbox"/> Oropharynx <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Deep <input type="checkbox"/> Light			
Tracheostomy	<input type="checkbox"/> Tube Replacement <input type="checkbox"/> Care (Cleaning)			
CPT				
Oxygen				
Misting				
Nebulizer Tx				
Glucose Testing				

Are any of the above procedures required for emergency care ? YES NO, IF "YES", specify: _____

List any procedures the student has been trained to perform _____

List any limitations / precautionary measures that should be considered; e.g. physical education, outdoor activities, transporting, lifting, moving, special devices / equipment : _____

List any emergency precautions / health emergencies that should be anticipated for this student: e.g. allergy triggers, diabetic reactions, etc.) : _____

There are no extraordinary emergency medical services available at school. Since only CPR and first aid are available until 911 arrive, is this adequate for student survival? YES NO. IF "NO", specify:

Physician's Name (Printed)

Physician's Signature

Physician's Telephone & Fax Numbers

Physician's Office Address

Date Completed

This information will be obtained by School Board District Personnel

PARENTAL PERMISSION FOR MEDICATION / TREATMENT
(TO BE COMPLETED BY THE STUDENT'S PARENT / GUARDIAN)

Student's Name: _____ Date of Birth: _____ Grade: _____
School: _____ Phone #: _____ Fax#: _____

I grant the principal or his / her designee the permission to assist or perform the administration of each medication or treatment / procedure to or for my child during the school day including when he/she is away from school property for official school events.

NOTE:

- Medications must be supplied in the original container. Ask the pharmacist to divided the medication into two completely labeled containers, providing one for home and one for school.
- Only medications / treatments authorized by a physician may be administered by school personnel.
- It is your responsibility to notify the school when there is a change in medication / treatment regimen.

Parent / Guardian Name (Printed)

Signature of Parent / Guardian

Date Signed

Home Phone Number

Work Phone Number (Include Ext. if any)

Other numbers where you may be reached during school hours (Include cellular phone and beeper)