

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY  
Health Services  
J. E. Hall Center 30 E. Texar Dr.  
Pensacola, FL 32503  
Phone: 469-5456

**AUTHORIZATION FOR  
ADMINISTRATION OF  
PRESCRIPTION MEDICATION**

**THIS FORM IS VOID IF ALTERED IN ANY WAY**

**INSTRUCTIONS:** Each of the three sections must be completed by the appropriate person as follows: Parts I and III by Parent/Guardian, Part II by Physician. Please return the completed form to the school health room/office.

**I. STUDENT INFORMATION (To Be Completed By Parent/Guardian).**

Student's Name (Last, First, Middle)		Birth Date	Medicaid #	Grade/Homeroom Teacher
Parent/Guardian		Address		
Home Phone	Work Phone		Other Phone (Cellular, Beeper, etc.)	

**II. ACTION PLAN (To Be Completed By Physician). Please complete all spaces.**

THIS REQUEST IS TO BE EFFECTIVE FOR THE SCHOOL YEAR 20\_\_\_\_ -20\_\_\_\_ OR EARLIER STOP DATE: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

GENERIC NAME: \_\_\_\_\_

DOSAGE AMOUNT: \_\_\_\_\_ TIME TO BE ADMINISTERED AT SCHOOL: \_\_\_\_\_

CONDITION FOR WHICH DRUG IS TO BE GIVEN: \_\_\_\_\_

If diagnosis is **ASTHMA**, please check NIH classification of student's asthma severity as follows:

\_\_\_\_\_ **Intermittent** or \_\_\_\_\_ **Persistent:** \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

NOTE ANY UNTOWARD SIDE EFFECTS: \_\_\_\_\_

FL law only allows students with asthma, life-threatening allergic reactions, pancreatic insufficiency or cystic fibrosis, **with parent and physician authorization**, to carry and self-administer the prescribed type of medication as below. **Circle only ONE that is applicable to the student.**

- s. 1002.20(3)(h), FS Inhalant
- s. 1002.20(3)(i), FS Epinephrine Auto-Injector
- s. 1002.20(3), FS Prescribed Pancreatic Enzyme

This student is both capable and responsible for self-administering this medication:

No  Yes - Supervised  Yes - Unsupervised

This student may carry this medication:  No  Yes

Print Physician's Name	Physician's Address	Phone
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Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. PARENTAL PERMISSION (To Be Completed By Parent/Guardian). Form is void if this section is incomplete.**

I request the designated school personnel or its agents to assist my child in the administration of the above prescribed medication. I give permission for my child to take this medication while in school or while participating in school activities away from the school site. I understand that: (1) there is no liability on the part of the school district, its personnel, or agents, including Escambia County Health Department personnel, for civil damages as a result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) this medication must be brought to the school only by a responsible adult; (3) this medication must be in its original labeled container; (4) this medication will be destroyed if it is not picked up within one week following the above stop date or by the close of the current school year, whichever occurs first. I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and school health personnel of the Escambia County Health Department and the School District of Escambia County. Furthermore, if my child is covered by Medicaid and receives health services under an IEP, I consent for the school district to bill Medicaid for those services. I assume all risk and liability with respect to my child's use of epinephrine, including any related injection device, and prescribed pancreatic enzyme when authorizing my child to self-administer and/or carry the prescribed medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to Section 1006.062, Florida Statute, any student who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated personnel.

# MEDICATION PROTOCOL AT SCHOOL

## PARENT RESPONSIBILITIES

### Prescription Medication

1. An Authorization for Administration of Prescription Medication form (9400-HES-005A) must be filled out by the physician, and signed by the parent.
2. A separate authorization form must be filled out for **EACH** medication administered.
3. Changes in medication require a **new** authorization form signed by the physician and parent.
4. Medication must be in the original pharmacy-labeled container.
5. No more than a 30-day supply of medication may be accepted.
6. A responsible adult must deliver and pick-up the medications in the school clinic.
7. Notify clinic staff directly of any medication changes, including discontinued medications.
8. If your child is authorized to receive an early morning medication at school, do not give this dose at home.
9. Discontinued medication must be picked up by parent within one week of the stop date. Unclaimed medication will be destroyed one week after the stop date.
10. During the last month of the current school year, bring only enough medication to be used by the last day of school. Unclaimed medication will be destroyed at the close of the last day of school.

### Non-Prescription Medication

1. The **ONLY** non-prescription medications/over-the-counter medications that will be administered at school are:
  - a. Acetaminophen (Tylenol®)
  - b. Calcium Carbonate (Tums®)
  - c. Diphenhydramine (Benadryl®)
  - d. Ibuprofen (Advil®, Motrin®)
  - e. Sting Relief Pad (2% Lidocaine; external use only)

Any medically required exception to the above non-prescription medication, requires an Authorization of Prescription Medication form (9400-HES-005A) from the student's physician.

2. The Medical Director of Escambia County Health Department provides standing orders for these OTC medications to be administered with parental consent and according to the dosage and time on the manufacturer's label.
3. Authorization for Administration of Over-the-Counter Medication (OTC) form (9400-HES-005B) is available in the school clinic for parent to indicate which of these OTC medications can, or cannot, be administered to the student each school year. This form is also available on-line for parents to download from Escambia County School District/Health Services.
4. Over-the-counter medications as listed above are provided and maintained by the school health staff in the school's clinic in the original containers with the manufacturer's label.
5. Notify clinic staff directly of any medication changes, including withdrawal of parental consent.
6. Over-the-counter medications provided by the school will not be administered to pregnant or breast feeding students unless there is an Authorization of Prescription Medication form (9400-HES-005A) from the student's physician.