

SANTA ROSA DISTRICT SCHOOLS DISPERSION OF MEDICATION FORM

Rev 06/04/2009

School Board Policy 5.62 Administering Medication to Students by School Personnel

1. Any medication, either prescription or nonprescription, to be administered to a student on school premises or at school functions (including field trips) must be brought to the school by the parent/guardian/authorized adult representative for retention and administering. No student will be allowed to have medication, prescription or nonprescription with the exception of an Epipen or an asthma inhaler, in his/her possession on school premises, on a school bus, or at a school function. Epipens, insulin pens, or asthma inhalers will be permitted to be carried with parental permission and physician's signature on the "**Dispersion of Medication Form**".
2. Medication brought to school must be in the original prescription container, properly labeled with the child's name, doctor, name of medication, route, dosage, directions, and expiration date. A "**Dispersion of Medication Form**" must be completed for each prescription and a method of disposal of any unused or expired medication designated. The medication must be counted jointly by the parent/guardian and a school staff member. The parent/guardian and school staff member must both sign the "**Registry of Medication Form**" for the initial prescription and each time additional medication for the same prescription is brought to the school.
3. Parents are encouraged to request prescriptions for medications which limit administration during school hours. First morning doses should be given at home with only mid-day doses administered by a school staff member. Doses missed at home will not be administered by school staff.
4. Medication(s) will not be provided by the school.

****By my signature on this form, I acknowledge receipt of the Notice of Privacy Practices Act, and authorize designated Santa Rosa County School District personnel, Santa Rosa County Health Department School Health personnel, and any other contracted healthcare agencies to provide emergency care for my child and/or to exchange medical information as necessary to support the continuity of care of my child.**

This is to verify that, _____ a student at _____
Student's Legal Name *School*

has my permission to take or have administered to him/her the following medication during the school day: Name of Medication: _____ Dosage: _____
(Be specific) *(Be specific)*

Reason for taking Medication: _____

Comments concerning medication (i.e., to be taken with food, etc.): _____

Unused/expired medication for my child will be disposed of by: Parent Pick-Up School Disposal

List allergies: _____

Parent/Guardian: _____ Date: _____ Hm Phone: _____ Wk Phone: _____
Signature

EPIPEN/INSULIN PENS/ASTHMA INHALER USE ONLY		
Doctor's Order:	_____	
Doctor:	_____	_____
	<i>Signature</i>	<i>Doctor Printed Name</i>
		<i>Date</i>

