

SANTA ROSA COUNTY SCHOOL DISTRICT
DISPERSION OF MEDICATION FORM

63-06-03
Rev. 3/17

School Board Policy 5.62 Administering Medication to Students by Delegated School Personnel

1. Any medication (prescription/nonprescription) to be administered to a student on school premises, a school bus, or at school functions must be brought to the school by a responsible adult representative for retention and administering. No student will be allowed to have medication (prescription/nonprescription) in his/her possession on school premises, a school bus, or at school functions with the exception of: Epinephrine, Diabetes Medication/Supplies, Pancreatic Enzymes, and Asthma Inhalants. Pursuant to Florida Law, the school district allows the student to carry and/or self-administer authorized medications/supplies with a physician's authorization and parent(s)/guardian(s) consent deeming the student both capable and responsible for carrying and/or the self-administration of medication.

AUTHORIZATION AND CONSENT TO CARRY AND/OR SELF ADMINISTER: EPINEPHRINE, DIABETES MEDICATION/SUPPLIES, PANCREATIC ENZYMES, AND ASTHMA INHALANTS		
<input type="checkbox"/> Parent/Guardian consent obtained below		
Physician: _____	_____	_____
<i>Signature</i>	<i>Printed Name</i>	<i>Date</i>

2. Medication (prescription/nonprescription) to be administered on school premises, a school bus, or at school functions must be in the original container, properly labeled with the student's name, name of medication, dosing directions, administration time, and include an expiration date or medication start/fill date (one year expiration date). Prescription medication must also include the physician's name. A "Dispersion of Medication Form" must be completed for each medication with a method of disposal for any unused/expired medication. Each medication and/or refill to be administered by delegated school persons must be jointly counted and the medication count signed on the "Dispersion of Medication Form" by delegated school personnel and the responsible adult representative. Any medication that fails to have a printed label or any requests for medication to be administered differently than the manufacturer's label, must have a physician's authorization.

AUTHORIZATION TO ADMINISTER MEDICATION WITHOUT ATTACHED LABEL/DIFFERENTLY THAN LABEL		
<input type="checkbox"/> Bottom section of the "Dispersion of Medication Form" to be completed prior to physician signature		
Physician: _____	_____	_____
<i>Signature</i>	<i>Printed Name</i>	<i>Date</i>

3. Parent(s)/Guardian(s) 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 at school. Doses missed at home will not be administered by delegated school personnel. No medication(s) will be provided by the school. Medication kept in School Clinic will not be available for community extended day programs.

I authorize _____ to be administered to him/her:
Student's last name, first name

Name of Medication: _____ Reason: _____
(Be specific) *(Be specific)*

Dosage: _____ Route: _____ Time Due: _____

Comments (take with food, side effects, etc.): _____

Unused/expired medication for my child will be disposed of by: Parental PickUp School Disposal

List allergies: _____

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

***By my signature on this form, I acknowledge the Notice of Privacy Practices Act in the Code of Student Conduct, and authorize Santa Rosa County School District and Delegated District Personnel to provide emergency care for my child and/or authorize the exchange of medical information.**

This form complies with applicable Florida Statute (232.46) and will become the property of the school for filing purposes.

GRADE: _____ **HOMEROOM TEACHER:** _____ **ROOM#:** _____

(Continued on reverse side)

