

DePaul School Permission For The Administration of Medication



Student _____ DOB __/__/__

Name of Medication _____ Dose _____

Time: _____ AM / PM

Route: by mouth inhaled injection topical other: _____

Reason to administer _____

Special instructions _____

Prescription Medication

I grant permission for the principal's designee to administer the above named medication for my child (named above). I certify that the prescribed medication is in its original container and that it is necessary, according to my physician's instructions, for this medication to be provided during the school day, including when my child is away from school property on official school business. I understand that this medication will be given only according to the directions on the label as prescribed by the doctor. Further, I agree to waive any claims of liability that may arise against any school personnel relative to the administration of medication to my child according to these directions. I further understand that, at the end of the school year, it will be my responsibility to pick-up any unused medication by the last day of the school year, otherwise the school will dispose of the medication.

_____/_____/_____
Date Signature of Parent/Legal Guardian phone #

We prefer for student's to take medication at home when possible. I have determined that it is necessary for this medication to be provided **during the school day** for the above named child.

Signature of Physician Physician Phone # Date ____/____/____

*Medication must be picked up on the last day of school. Medicine not picked up will be disposed. Reminders will be sent.

Self-Carry Medication

(such as epinephrine, inhalers, diabetic supplies, and pancreatic enzymes)

My child is required to self-carry this medication during the school day. I understand that this means my child will be self-administering this medication and the school staff is not responsible for monitoring the administration. I understand that I am responsible for ensuring that my child has this medication during the school day, including when the student is away from school property on official school business. I will ensure that the medication my child carries is properly labeled and not expired.

____/____/____ _____
Date Signature of Parent/Legal Guardian

I understand that I am to self-carry my medication and to determine when I need to use the medication. I will not allow any other student to use my medication. I will notify an adult of any symptoms I experience during the school day.

____/____/____ _____
Date Signature of Student

It is necessary for this child to self-carry this medication during the school day for the school year.

____/____/____ _____ _____
Date Signature of Physician Physician Phone #

Over the Counter Medication

This should be temporary or AS NEEDED. Over the counter medication will not be given regularly.

Child's current weight: _____ LBS

If my child has a headache, please give them:

- Acetaminophen/Tylenol (320 mg – 650 mg; based on weight)
- Ibuprofen/Motrin (200 mg – 600 mg; based on weight)

If my child has menstrual cramps, please give the:

- Acetaminophen/Tylenol (320 mg – 650 mg; based on weight)
- Ibuprofen/Motrin (200 mg – 600 mg; based on weight)

If my child has a stomach ache associated with gastric upset, please give them:

- Pepto Bismol/Bismuth Subsalicylate (1 tablet 8 -12 years old; 2 tablets 12+)
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Other: _____ (see HOS for approval)

I grant permission for the principal's designee to administer the above named OVER THE COUNTER medication for my child (named above). I understand that this medication will be given only according to the directions above. Further, I agree to waive any claims of liability that may arise against any school personnel relative to the administration of medication to my child according to these directions. I further understand that, at the end of the school year, it will be my responsibility to pick-up any unused medication by the last day of the school year, otherwise the school will dispose of the medication.

____/____/____ _____
Date Signature of Parent/Legal Guardian

MEDICATION GUIDELINES - PARENTS KEEP THIS PAGE

A. Prescription Medication

In accordance with Section 1006.062, Florida Statutes, the following are guidelines for the administration of prescribed medication by school personnel:

1. The principal or a trained designee may administer prescription medication to a student while at school provided that for each prescribed medication, the student's parent or guardian shall provide to the school principal a written statement which shall grant the principal or his designee the permission to assist in the administration of each prescribed medication and which shall explain the necessity for the prescribed medication to be provided during the school day, including when the student is away from school property on official school business. The school principal or the trained school staff designee shall be allowed to assist the student in the administration of such medication.

2. All medication is to be brought to the school by a Parent or Legal Guardian.

3. All prescribed medications to be administered by school personnel shall be received, counted and stored in original containers. When a medication dose is given to a student, it must be recorded. If dosage is not recorded, it will be assumed that the student did not receive the required dose. 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.

3. 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 reasonable prudent person would have acted under the same or similar circumstances.

B. Metered Dose Inhalers for Students with Asthma

Section 1002.20, Florida Statutes, authorizes asthmatic students to carry a metered dose inhaler on their person while in school when they have approval from their parents and their physician. The school principal shall be provided a copy of the parent's and physician's written statement of approval.

C. Nonprescription Medication

For nonprescription medication that is required to be administered at school, the above stated guidelines for prescribed medication will apply.

For nonprescription medication (over-the-counter medicine such as aspirin, cough syrup, Murine), the parent or legal guardian must:

1. Request in person that the medication be administered to the student during school hours.
2. Sign a written request (to be kept on file in the school) that states the type of medication, amount of dosage, and time the medication is to be administered to the student.

D. Self-Carry Medication 1. With a physician's written statement of approval and completed permission for the administration of medication form, students may carry the following medications: albuterol inhaler, epinephrine auto injector, diabetic supplies, and pancreatic enzymes.