Episcopal Day School
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episcopal
DAY SCHOOL

Authorization for Assisted Student Self-Administration of Prescription Medication 2021-2022

A separate form must be used for each prescription medication.

Please return the completed form to the school office.

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

Student's Name (Last, First, Middle) Birth Date Grade

Parent/Guardian Address Allergies

Home Phone Work # Cell #

THIS REQUEST IS TO BE EFFECTIVE FOR THE SCHOOL YEAR 2021-2022

NAME OF MEDICATION/STRENGTH:_____DOSAGE: _____

TIME TO BE ADMINISTERED AT SCHOOL:_____

FREQUENCY: _____ REASON FOR TAKING THE MEDICATION:_____

POSSIBLE SIDE EFFECTS:_____

PHYSICIAN PERMISSION (To be completed ONLY if student is to carry and/or self administer medication.)

Florida law only allows students with asthma, life-threatening allergic reactions, diabetes, pancreatic insufficiency or cystic fibrosis, **with parent and physician authorization,** to carry and self-administer the prescribed type of medication as below.

s. 1002.20(3)(h), FS Inhalant

s. 1002.20(3)(i), FS Epinephrine Auto-Injector

s. 1002.20(3), FS Prescribed Pancreatic Enzyme

s. 1002.20(3)(j), FS Diabetes Medication and Supplies

This student is both capable and responsible for ☐ carrying and/o ☐self-administering this medication.

Print Physician's Name:_____

Physician's Signature: _____

Address: _____

Phone:_____ Date: _____

PARENTAL PERMISSION (To Be Completed By Parent/Guardian and witnessed by School staff). Form is void if this section is incomplete.

I request the designated school personnel 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, its personnel, or agents, 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 by the close of the current school year, whichever occurs first. I assume all risk and liability with respect to my child's use of epinephrine, including any related injection device, inhalent, insulin, diabetes supplies or prescribed pancreatic enzyme when authorizing my child to self-administer and/or carry the prescribed medication.

Print: Parent/ Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

School Staff Signature:_____

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 staff.

MEDICATION PROTOCOL AT SCHOOL

PARENT RESPONSIBILITIES

Prescription Medication

- An Authorization for Assisted Student Self-Administration of Prescription Medication must be completed and signed by the parent/ guardian for each prescription/non-prescription medication provided. Parent/guardian signature must be witnessed by school staff or notarized. This form is available in the school office. A physician signature is **only** required if the student is authorized to carry and/or self-administer the medication at school or during a school activity.
- A separate authorization form must be filled out for each prescription medication administered.
- Changes in medication require a new Authorization for Assisted Student Self-Administration of Prescription Medication signed by the parent/guardian.
- Medication must be provided in the original container.
- No more than a 30 day supply of medication may be accepted.
- A responsible adult must deliver and pick up the medications in the school office.
- Notify office staff directly of any medication changes, including discontinued medications.
- If your child is authorized to receive early morning medication at school, do not give this dose at home. Discontinued medication must be picked up by parent/guardian within one week of the stop date.
- Unclaimed medication will be destroyed one week after stop date.
- 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.