

District School Board of Pasco County

Guidelines for Administration of Medication at School

Guidelines:

1. Administration of medication during school hours should occur **only** when medication schedules cannot be adjusted to provide for administration at home.
2. Medication will be administered by personnel trained by the registered professional school nurse.
3. Medication must be brought to school by the parent / guardian in the **original prescription container with the original prescription label** containing the following information:
 - a. Student's name
 - b. Name of medication (only regulated medications will be administered at school, i.e. no herbal medications).
 - c. Dosage prescribed (if the dosage changes, a new prescription bottle must be provided)
 - d. Time of day to be taken
 - e. Physician's name
 - f. Special instructions
 - g. Date of prescription (current, within one year)
4. No more than a month's supply of medication should be brought to school at one time.
5. Medication received must be counted by 2 people (preferably the parent and a school employee) and the amount and date received is to be recorded on the individual "Student Medication Record".
6. A written statement ("Authorization for Medication Administration") must be completed by the parent / guardian, granting the school permission to assist in the administration of such medication and which shall explain the necessity for such medication to be provided during the school day, including any occasion when the student is away from school property on official school business. See form page 3.

*Note: The parent / guardian is expected to obtain the needed dose/doses of medication for field trips, in a separate, appropriately labeled prescription container; or the entire bottle of medication may be sent with a trained person to be administered on the field trip. Under no circumstances may medication be transferred from one container to another by anyone other than a registered pharmacist (i.e.: no pills are to be placed in envelopes or baggies).
7. Regulated, non-prescription medication will not be administered at school, unless accompanied by a physician's statement, dated within the current school year (exception: Healthy Student Program).
8. Students will be allowed to carry metered dose asthma inhalers, pancreatic enzyme supplements, and epinephrine auto-injectors with written authorization from their parent / guardian and physician. (F.S.1002.20 (3) (h), (i), and/or (k)). See form page 4.
9. Students will be allowed to carry and self-administer diabetic supplies, medication, and equipment with written authorization from their parent / guardian and physician (F.S.1002.20 (3) (j)). See form page 5.
10. No prescription analgesic narcotics will be administered at school.

District School Board of Pasco County
Authorization for Medication Administration

Date: _____

I have read the District School Board of Pasco County “Guidelines for Administration of Medication at School” and permission is hereby granted to _____ School’s trained personnel to administer the following medication to:

_____	_____	_____	_____
(Student’s name)	(Student #)	(Grade)	(DOB)

for treatment of _____
(Medical diagnosis)

Name of prescribing doctor: _____

Name of medication: _____

Dose of medication: _____

Route of medication: _____

Time medication is to be given at school : _____

Special instructions: _____

Possible reactions / side effects: _____

I also give the school permission to attach my child’s photograph to the medication record for identification verification purposes and to post health information for staff concerning my child’s severe, life-threatening allergy.

(Signature of Parent / Guardian)

Note: Give parent copy of “Guidelines for Administration of Medication at School”