

Pasco County Schools
General Guidelines for Administration of Medication at School

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, or other medical professionals as permitted by law.
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, essential oils, etc.)
 - 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 at least two trained staff (additional signature from parent preferred). The amount and date received is to be recorded on the individual *Student Medication Administration Record*.
6. An *Authorization for Medication Administration* form 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. Parents may not need to complete this form if authorization is provided via student's Medical Management Plan.

**Note: It is preferred that the parent/guardian of a student obtain the needed dose(s) of medication for field trips in a separate, appropriately labeled prescription container. If that is not possible, 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). Over-the-counter medications must be brought to school in the original, unopened container.
8. Students will be allowed to carry metered dose asthma inhalers, pancreatic enzyme supplements, and epinephrine auto-injectors and/or diabetic supplies, medication, and equipment with written authorization from their parent / guardian and physician. (F.S.1002.20 (3) (h), (i), (k) and/or (j)).
9. No prescription analgesic narcotics will be administered at school.
10. Parental and healthcare provider authorization for the administration of medications and treatments is required annually.
11. All medications must be removed from the school premises one week after the expiration date, upon appropriate notification of medication being discontinued, or at the end of the school year. If not retrieved by a parent, guardian or designee, unused and unclaimed medication will be destroyed following proper disposal procedures.

Legal Authority: section 1006.062, F.S.A.

I have read Pasco County Schools' *General Guidelines for Administration of Medication at School* and

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permission is hereby granted to _____ Pasco County Schools'
(Name of school)

trained personnel to administer the following medication to:

(Student's name) (Student #) (Grade) (DOB)

for the treatment of _____.
(Health condition)

Name of prescribing Health Care Provider: _____

Known Allergies: _____

Name of medication: _____

Dose of medication: _____ Route of medication: _____ Time to be given at school: _____

Special instructions (including reasons for which medication must be administered during the school day or at after school activities): _____

Possible reactions / side effects: _____

I hereby authorize designated Pasco County Schools' staff to reciprocally release verbal, written, faxed, or electronic student health information regarding the above named child for the purpose of giving necessary medication or treatment while at school. I understand Pasco County Schools protects and secures the privacy of student health information as required by federal and state law and in all forms of records, including, but not limited to, those that are oral, written, faxed or electronic. I hereby authorize and direct that my child's medication or treatment be administered in the manner set forth in this authorization form. I understand that I am responsible to furnish/restock all supplies and medications and that any unused medication that is not retrieved by me at the end of the school year will be destroyed.

(Signature of Parent / Guardian) Date: _____

Note: Give parent copy of *General Guidelines for Administration of Medication at School*