



PHYSICIAN and PARENT MEDICATION AUTHORIZATION FORM - **General**  
Medication Administration During School Hours

**To Be Completed by Licensed Health Care Provider: (Form must be provided for EACH prescribed medication)**

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ ALLERGIES \_\_\_\_\_  
 Medical Diagnosis: \_\_\_\_\_ Medication: \_\_\_\_\_  
 Time to be given: \_\_\_\_\_ Dosage/Route to be given: \_\_\_\_\_

Reactions to monitor for: \_\_\_\_\_ Needed during Field trips  Yes  No

Licensed Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensed Health Care Provider's Name: \_\_\_\_\_ Credentials/Specialty \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

**To be completed by PARENT/GUARDIAN**

I hereby grant permission to the principal or his/her designee of \_\_\_\_\_ School to assist in the administration of the prescribed medication to my child while in school and away from school while participating in official school activities (F.S.232.46). **It is my responsibility to notify the school if and when these orders change.** I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication and/or treatment where the person administering such medication and/or treatment acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please **print** parent's name: \_\_\_\_\_

The School Board shall not be responsible for the diagnosis and treatment of student illness. The administration of prescribed medication and/or medically-prescribed treatments to a student during school hours will be permitted only when failure to do so would jeopardize the health of the student, the student would not be able to attend school if the medication or treatment were not made available during school hours, or if the child is disabled and requires medication to benefit from his/her educational program (SB Policy 5330).

School Board Policy states that schools may not give any prescription or over-the-counter medication(s) to children during school hours unless a *Physician and Parent Medication Authorization Form* is completed by a licensed health care provider and the parent/guardian. **All medication authorization forms are valid for the current school year only.** Any changes in the type, dosage and frequency of medication administered will require a new *Physician and Parent Medication Authorization Form*. At no time will a student be allowed to carry prescription or nonprescription medication on his/her person unless prior arrangements have been made between the school nurse, principal, parents/guardians, and the student.

- Prescription medications given at school must be provided in original containers with original pharmacy labels.
- A licensed health care provider must prescribe all over-the-counter medication including herbal remedies and the appropriate *Physician and Parent Authorization Form* must be completed. Nonprescription (over-the-counter) medications must be received in the **original container** and labeled with the student's name and photograph, if possible.

School personnel should be informed of any side effects or complication which may result from taking the medication.

Parents are responsible for seeing that adequate supplies of the medication are provided for the school.

**Students may not bring the medication to school. Medication(s) must be brought to school by an adult.**

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