

DUVAL COUNTY PUBLIC SCHOOLS  
MEDICATION ADMINISTRATION AUTHORIZATION  
ONE MEDICATION PER FORM

TO BE FILLED OUT BY HEALTH CARE PROVIDER

Student \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Allergies \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dose \_\_\_\_\_ Specific Time \_\_\_\_\_

Route ' E \ PRXWK ' LQKDOHG ' LQMHFWRQ ' RWKHU BBBBBBBBBBBBBBBBBB

Health Condition Requiring Medication \_\_\_\_\_

Special Instructions \_\_\_\_\_

I have determined that it is medically necessary for this medication to be provided during the school day for the above named child.  
(If you have determined the child needs to self -carry this medication, please also complete the section at the bottom of this form)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signature of Health Care Provider Provider Phone # Provider Office/Stamp

Parent/Legal Guardian Authorization

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, certify that the prescribed medication is in its original prescription or unopened over-the-counter container and that it is medically necessary for my child. I understand 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 Parent/Legal Guardian Phone #

STUDENTS WHO ARE AUTHORIZED TO SELF CARRY MEDICATION  
(anaphylaxis supplies, rescue inhalers, diabetic supplies, and pancreatic enzymes)

My child is required to self-carry this medication during the school day. I understand this means my child will be self-administering

## MEDICATION GUIDELINES

### A. Administration of Prescription and Non -Prescription Medication

1. Whenever possible, medication schedules should be arranged so all medication is given at home.
2. Medication must be delivered to the school by the parent/guardian in the original prescription or unopened over-the-counter container and the Medication Administration Authorization form must be signed by the parent/guardian and health care provider (Medical Doctor, Physician Assistant, or Advanced Practice Registered Nurse).
3. Medication Administration Authorization forms must be completed and signed by parent or guardian and health care provider for each medication given and each time any changes occurs.
4. 7 KH PHGLFDWLRQ ODEHO P X v a m e , L o c a t i o n f o r M a n e , W e a l t h c a r e p r o v i d e r ¶ V Q D P H G R V D J H W e a l t h c a r e p r o v i d e r C a r e L Q L V W
5. If the medication requires special equipment for administration, the parent must supply the necessary item.
6. All 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.
7. 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.
8. Medication that is not picked up at the end of the school year by the parent or guardian will be destroyed .

### B. Self-Carry Medication

1. Once a Medication Administration Authorization form is completed by the parent, student and health care provider indicating the need for the student to self-carry a medication is on file at the school, the student may carry the following medications: rescue inhaler, anaphylaxis supplies, diabetic supplies, and pancreatic enzymes.
2. School staff is not responsible for monitoring the administration of self-carry medication.
3. , W L V W K H S D U H Q W R U J X D U G L D Q ¶ V U H V S R Q V L E L O L W \ W R medication during the school day and that the medication is properly labeled and not expired.