School _____ **Grade** _____

DUVAL COUNTY PUBLIC SCHOOLS
MEDICATION ADMINISTRATION AUTHORIZATION

_____

_____

Student _____ DOB ___/___/_____ Allergies _____

Name of Medication _____ Dose_

____/___/___	_____	_____	_____
Date	Signature of Health Care Provider	Provider Phone #	Provider Office/Stamp

Parent/Legal Guardian Authorization

I authorize the principal or principalôs designc gı ³ Ų dzk ³

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 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. The medication label must indicate the studentôs name, medication name, health care providerôs name, dosage, time to administer, and expiration date.
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. It is the parent or guardianôs responsibility to ensure that the student has their medication during the school day and that the medication is properly labeled and not expired.