



Medication Authorization Form For School-Sponsored Extra-Curricular Activities

Student's Name: _____ Student #: _____ School Name: _____

Date of Birth: _____ Sex: M F Grade: _____ Teacher: _____

Allergies: _____

Stock Non-Prescription Medications

I authorize the medications below with my initials to be administered by school staff or volunteers trained in the District's medication administration procedure during over-night extra-curricular activities.

Medication	Dosage	Reason	Parent Initials if Medication May be Given
Acetaminophen (Tylenol)	As directed	Pain, fever	
Ibuprofen (Motrin)	As directed	Pain, fever	
Anti-itch cream	As directed	Minor skin irritation	
Antacid (Tums)	As directed	Heartburn, upset stomach	
Pepto-Bismol	As directed	Upset stomach	
Loperamide (Imodium)	As directed	Diarrhea, indigestion, nausea	

Parent/Guardian Name Printed: _____ Parent/Guardian Signature: _____ Date: _____ Home Phone: _____ Cell Phone: _____ Emergency Phone: _____
--

Medication Administration Log – Record all medications given

Medication	Amount	Date Given	Time Given	Reason	Initials

Name of Staff Administering Medication: _____ Signature: _____ Initials: _____

Name of Staff Administering Medication: _____ Signature: _____ Initials: _____

Name of Staff Administering Medication: _____ Signature: _____ Initials: _____

Collier County Public Schools Medication Authorization Form

Student's Name: _____ Sex: M F Date of Birth: _____ Student #: _____

School Name: _____ Grade: _____ Teacher: _____

Allergies: _____

MEDICATION INFORMATION

Medical Condition for which medication will be required for student in school: _____

Name of Medication: Prescription _____ Over-the-Counter _____
(non-prescription)

Route to administer (please check one) Oral Topical Subcutaneous Inhaled Other (describe) _____
(BY MOUTH) (ON THE SKIN) (INJECTED) (BREATHED)

Dosage: _____ Frequency: _____ Time of Day: (ex. 11:00 AM) _____

Is this a new medication? Yes No If yes, the first dose must be administered at home.

Special Instructions: _____

**Prescription medications require healthcare provider signature below:
Physician's orders are required for all prescription medications given at school**

Physician's Name (Print): _____ Phone Number: _____

Physician's Signature: _____ Date: _____ Fax Number: _____

I have prescribed the student to self-carry MDI, pancreatic enzymes, EPI-PEN, or other life saving medications described on this page.

PARENT/GUARDIAN AUTHORIZATION

1. I give permission for my child's doctor to be contacted for information regarding the administration of the medication listed on this form.
2. I authorize the above medication to be administered as described or prescribed during school or after-school programs operated by Collier County Public Schools.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____

Home phone: _____ Business phone: _____ Emergency phone number: _____

FOR SCHOOL NURSE USE ONLY.

Physician's Verbal Order Obtained: Date: _____ Time: _____

Content of physician's verbal order obtained: _____

Reviewed by: _____ Date: _____

School Nurse

Please see reverse side of this document for Medication Authorization Information

Collier County Public Schools Medication Authorization Form

Dear Parent/Legal Guardian:

If your child needs to have medication(s) given during the school day, State Regulations and School Board Policy require that you provide written authorization for all medications to be given. An authorization for prescription medication must also be completed and signed by a physician or other health care provider licensed in the state of Florida (as outlined in Florida Statutes, F.S. 464) **(Medications not approved by the Food and Drug Administration (FDA) and alternative medications, including natural, herbal remedies, homeopathic medicines, food supplements, and vitamins may not be administered at school, with the exception of prescribed pancreatic enzymes)**

- The Medication Authorization Form on the reverse side of this document must be entirely completed and accompany any medication (either prescribed or over-the-counter) to be given to your child in school. The form must be signed by a parent/legal guardian and the prescribing physician/legal-healthcare-provider when indicated. **Staff members will not be able to administer medication to your child without this written authorization and consent.** Thank you for assisting us to provide safe medication administration for your child during the school day.
- A parent/legal guardian or an authorized adult must hand carry medications to the school health room/clinic. At the time of delivery, the quantity of each medication will be verified by school personnel. **Do not send medications to school with your child.**
- Medications that are to be given only one time per day or medications that can be administered before or after school should not be administered at school.
- Prescribed medications must be received at school in a container with the original, unaltered prescription label attached. **Label must be written in English.** The label must display all legal information required for a pharmacist to dispense a prescription medication such as valid issue and expiration dates, the student's name, the medication name, dosage, time to be administered, and the physician/legal-healthcare-provider's name.
- Over-the-counter (OTC) and FDA approved non-prescription medications must be in the original sealed (unopened) store-issued container. Please also label the container with your child's full name and birth date. OTC's, including cough drops, will only be given according to directions on the label. If a parent/guardian requests dosages or administration recommendations that do not appear on the OTC or non-prescription medication label, orders stating the reason for the administration variation must be obtained by the parent/guardian from the physician/legal-healthcare-provider and will be considered by a school nurse before safe administration may occur. **Based on the school nurse's assessment, a parent may be required to obtain a physician's authorization for increased and/or daily administration of an OTC medication.**
- If your child is authorized to self-carry and use life saving medications as prescribed by his/her healthcare-provider, the child must demonstrate competency in self-administration/self-treatment and a "Contract for Self-Carried Medication" must also be completed and signed by the parent and school nurse. **Medication with current prescription label must be signed-in to school clinic.**
Please see reverse side of this document for Medication Authorization