

Gulf County School Health Medication Administration Policy

Parent Information sheet: Public, Private, sites

In effort to keep in compliance with State Law 232.46 F.S. the Gulf County School Health staff will keep the following guidelines.

1. The school health staff cannot dispense any medications treatments until the Gulf County School Health permission sheet is signed by parent/ legal guardian and your child's physician. We will start **prescription** medication with your signature on the permission form but must have the physician's signature within 10 school days. **Herbal and over-the counter medications need the parent and physicians signature before starting at school.**

2. The Gulf County School has an over-the counter Tylenol policy (**for children 6 years and above**). Tylenol is available for your child in the health room if you have signed health services Tylenol permission form. Any other over the counter medications will need the same-signed permission form that is required for prescription medication. Your child's prescription bottle and prescription on the medication form must match.

3. If you have a dose change we need a new form and a new prescription bottle. **The school health staff must have a signed physicians order for any change.** If your student's permission form does not request a morning dose of the medication that he/she takes at school, at lunchtime, **our staff cannot administer a dose that the student missed or forgot.** If your child frequently forgets the morning dose at home, then it is advisable that you get a new form and have your physician sign it, so the medication can be given at school. To protect your child from accidental overdose we must adhere strictly to this policy.

4. The staff cannot keep and supervise the student self-administering medications without a signed permission from parent and physician. The only exception to this rule is asthma inhalers. **By state law, inhalers may be carried by the student. Inhalers should have the medication form signed by parent and physician and the parent should note on the form that the child can carry the inhaler.**

5. **Students can not carry or bring medications they must be transported and picked up by a parent or guardian.**

The Gulf County School Health intent is to protect, provide and nurture the health and wellness of your child. If you have any questions please feel free to call the **School Health Coordinator, Regina Washabaugh RN at 227-9710**

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**Gulf County School Health
Medication Administration Form**

Notwithstanding the provisions of Chapter 464, Section 232.46, Florida Statutes. Any student who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives, 1) a written statement from such physician detailing the method, amount and time schedules by which such medication is to be taken, and 2) a written statement from the parent or guardian of the student indicating the desire that the school district assist the student in the matters set forth in the physician's statement. THESE WRITTEN STATEMENTS MUST BE RECORDED ON THIS FORM

Students name _____ Date _____

Medication: _____

Generic name if used _____

Dosage given: _____ Time of administration **at school**: _____

Date to be discontinued (if appropriate) _____

Condition for which drug is given _____

Side effects: _____

Special instructions: _____

Doctors name: _____ phone# _____

Doctors Signature _____ Fax # _____

It is understood that the school district is not obligated legally to administer medication to my child and therefore, I agree to hold the school district, its employees, and the GCHD school health staff, free from any responsibility for the results of such medication or manner in which it is administered.

Parent/Guardian Signature _____ Date _____

Medication not picked up within one week off ending date of school year will be discarded.

*Physician, Please sign the above permission: fax to _____ School Nurse

Fax : _____

Faxed to MD: _____ Date _____

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