



The School District of Lee County, Florida
School Health Services

Health Care Provider/Parent Consent for Medication Administration
School Year 2024 - 2025

Dear Health Care Provider,

The following student is requesting medication administration during school hours.

Name: _____ D.O.B: _____ School: _____

Policy for the administration of over-the-counter and prescription medication is as follows:

- Only medication ordered by a licensed health care provider (LHCP) will be administered in the school setting.
- All medication orders will expire at the end of the school year.
- Written parent permission is required prior to any medication administration (see parent section below).
- Over-the-counter (OTC) - All OTC medication, such as, but not limited to, Benadryl, Motrin, and cough drops, require a written order from the LHCP prior to administration. Medication must be in the original package and labeled with the student’s name and dosage instructions.

Please write the medication orders below. Please be specific with dates, parameters, etc. We appreciate your cooperation with this request.

Diagnosis:

| Medication | Time of day to be taken | Amount/number to be taken | Duration of medication Beginning and end dates required |
|------------|-------------------------|---------------------------|---|
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Generic substitutes are permitted unless otherwise specified.

Please report the following adverse effects to the prescriber’s office:

Health Care Provider Signature: _____ Please Print Health Care Provider Name: _____ Date _____

Health Care Provider Phone Number: _____ Health Care Provider Fax: _____

Parent Consent for Medication Administration

Florida Statute 1006.062 requires written parent consent for a student to take medication during the school day. Please refer to “Guidelines for Administration of Medication” on the following page.

I agree with the above prescribed medication regimen and authorize the personnel of The School District of Lee County, Florida, to administer medication to my child/student. It is understood that this medication will be administered, if needed, on field trips. I also authorize the school nurse to contact the prescribing licensed health care provider or his/her designee to exchange information concerning the purpose, dosage, and effects of this medication.

Please Print Parent/Guardian Name: _____ Contact Phone Number _____ Alternate Phone: _____

Parent/Guardian Signature _____ Date _____



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Guidelines for Administration of Medication

1. Medication should be administered during school hours only when medication schedules cannot be adjusted to allow for administration at home.
2. A new *Health Care Provider/Parent Consent for Medication Administration* form is required each school year and for any changes to the current order during the school year.
 - a. The prescribing health care provider and the parent/guardian must sign and date the authorization before any medication can be given at school.
 - b. Only FDA-approved [regulated] medications will be administered by school personnel (i.e., no herbal medications, supplements, essential oils, etc.).
 - c. Medication and treatment orders may only be accepted by a Florida licensed health care provider (F.S. 464.003(19)(b)).
3. The parent or guardian is responsible for transporting medication to and from school and for direct delivery to an authorized school staff member.
 - a. Prescribed medications must be in the original container with a pharmacy label, not expired, and matching the current physician's order.
 - b. Over-the-counter medications must be in the original unopened container, not expired, and labeled with the child's name.
 - c. A medication count and co-signature for the delivery and receipt of the medication will be required.
 - d. It is the responsibility of the parent/guardian to cut medication in accordance with the medication dosage on the pharmacy label and physician authorization.
4. No more than a month's supply (30-day supply) of controlled medication should be brought to school by a parent/guardian.
5. Students are only allowed to carry metered dose asthma inhalers, pancreatic enzyme supplements, epinephrine auto-injectors and/or diabetes supplies, medication, and equipment with a completed authorization form from their parent/guardian and physician (F.S. 1002.20(3)(h), (i), (k) and/or (j)).
6. No prescription narcotic analgesics will be administered at school.
7. All medications must be removed from the school premises one week after the expiration date, upon appropriate notification of medication being discontinued, or at the end of the school year. If not retrieved by a parent/guardian, unused and unclaimed medication will be destroyed following proper disposal procedures.