

DISPERSION OF MEDICATION FORM

Administering Medication to Students by School Personnel

Any medication (prescription/nonprescription) to be administered to a student on school premises, a school bus, or at school functions must be brought to the school by a responsible adult representative for retention and administering. **No student will be allowed to have medication (prescription or nonprescription) in his/her possession on school premises, a school bus, or at school functions, with the exception of: Epinephrine, Diabetes Medication/Supplies, Pancreatic Enzymes, and Asthma Inhalants.** Pursuant to Florida Law, the school allows the student to carry and/or self-administer authorized medications/supplies with a physician's authorization and parental/guardian consent deeming the student both capable and responsible for carrying and/or the self-administration of medication.

AUTHORIZATION AND CONSENT TO CARRY AND/OR SELF-ADMINISTER: EPINEPHRINE, DIABETES MEDICATION/SUPPLIES, PANCREATIC ENZYMES, ASTHMA INHALANTS

Physician Signature: _____ Printed Name: _____ Date: _____

Medication (prescription or nonprescription) to be administered on school premises, a school bus, or at school functions must be in the original container, properly labeled with the student's name, name of medication, dosing directions, administration time, and include an expiration date or medication start/fill date (one-year expiration date). Prescription medication must also include the physician's name. A "Dispersion of Medication Form" must be completed for each medication. Any medication that fails to have a printed label, or any requests for medication to be administered differently than the manufacturer's label, must have a physician's authorization.

AUTHORIZATION TO ADMINISTER MEDICATION WITHOUT ATTACHED LABEL/DIFFERENTLY THAN LABEL

Physician Signature: _____ Printed Name: _____ Date: _____

Parent(s)/Guardian(s) are encouraged to request prescriptions for medications which limit administration during school hours. First-morning doses should be given at home with only mid-day doses administered at school. Doses missed at home will not be administered by school personnel. No medication(s) will be provided by the school. Medication kept in the school office will not be available for extended-day programs.

*I authorize **L.E.A.D. Academy** to administer the following medication to my child.*

Name of Student: _____

Medication: _____

Reason: _____ Dosage: _____

Time Due: _____ Route: _____

Comments (take with food, side effects, etc.) _____

Parent/Guardian:

_____ Date _____

Signature

Printed Name