

THE SCHOOL DISTRICT OF LEE COUNTY, FLORIDA
SCHOOL HEALTH SERVICES

PHYSICIAN'S PERMISSION FOR MEDICATION

Date _____

Dear Dr. _____:

According to our records, _____, who attends
_____ School, is required to take medication.

F.S. 232.0316 provides for administration of medication by school personnel. See detailed guidelines on the back of this form.

Whenever possible, medications should be scheduled outside of school hours.

Only medications ordered by a physician or dentist may be administered in school.

Your written permission is needed when:

1. Prescribed medication is to be taken for longer than two weeks.
2. Any over-the-counter medications including aspirin and cough drops or syrups are prescribed.
3. Medications with increasing or decreasing dosages are part of the therapeutic plan. Please be specific RE: Dates, Parameters, etc. Attach additional sheet if needed.

We appreciate your cooperation with this request.

Medication	Time of Day to be Taken	Amount/Number to be Taken	Duration of Medication. Beginning and Ending Dates Where Applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Diagnosis: _____ Comments: _____

Are there any reactions which might occur which you would like to have reported to you? _____

_____ Date

_____ Physician's Signature

_____ Telephone

_____ FAX Number

Please return this form to: _____ School

_____ FAX Number

By: _____ Address
_____ Date

GUIDELINES FOR ADMINISTRATION OF MEDICATION IN SCHOOL

A student may have an illness that does not prevent his/her attending school but which requires medication for relief or cure. If possible, such medication should be given by the parents at home. The medication may be taken at school only if failure to take it could jeopardize the student's health.

The following rules must be followed:

1. The parent or guardian must provide written permission on the form supplied by the school (MIS 398) for the principal or his designee to assist in the administration of each prescribed medication. An explanation of the necessity for the prescribed medication to be provided during the school day, including when the student is away from school property on official school business, must be included on MIS 398 Parent Permission for Medication.
2. If the physician orders a non-prescription medication such as aspirin or cough medicine, it will be necessary for the physician to provide a written note to be brought to the school. The container of non-prescription medication must be labeled with the student's name and directions concerning dosage. MIS 398 must be completed by the parent as outlined above. No over-the-counter (non-prescription) medications will be given without a written statement from the physician.
3. If the medication is to be given in school for longer than two weeks, a statement from the attending physician must also be provided on the form supplied by the school (MIS 401).
4. The medication must be received in school and stored in its original container, labeled with the student's name, name of the drug, directions concerning dosage, time of day to be taken, physician's name, and date of prescription. The parent may ask the pharmacist for an extra labeled container when buying the drug.
5. When 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.
6. The student should be responsible for coming to the clinic at the appropriate time for the medication.
7. School personnel should be informed of any side effects or complications which may result from the medication.