



SEMINOLE COUNTY PUBLIC SCHOOLS
AUTHORIZATION FOR OVER-THE-COUNTER
STUDENT ADMINISTERED MEDICATION

Student Name _____ School Year _____

School _____ Grade _____

My permission is hereby granted for my child to self-administer the following non-prescription medication during school hours and/or school activities.

Students Grade KG-5 May carry and self-administer:

Non-Aerosolized Sunscreen [] Non-Medicated Lip Balm [] Non-Aerosolized Insect Repellent []

Students Grade 6-12 May carry and self-administer:

Name of medication: _____

Strength: _____ Dosage: _____ Route: [] Oral [] Inhaled [] Topical [] Other _____

How often will this medication be taken during the school day? _____

Reason for which medication is required: _____

This authorization is valid for this school year only unless earlier date is specified: _____

Name of Parent/Legal Guardian (please print) _____ Date _____

Signature of Parent/Legal Guardian _____ Relationship _____

Primary Phone _____ Other Phone _____

Note:

- 1. Each medication requires a separate medication authorization form.
2. All medication must be in the original container and clearly labeled with student's name.
3. The dosage must not exceed amounts recommended on the container label.
4. Parents who permit their child to self-administer over-the-counter medication assume full responsibility for any consequences resulting from the administration of the medication by their child.
5. To maintain a safe and drug free environment, it is encouraged that the amount of medication carried by the student should not exceed the daily dosage.

This form is to be turned into the school clinic and a copy should be carried by the student.



SEMINOLE COUNTY PUBLIC SCHOOLS MEDICATION POLICY INFORMATION

Dear Parent/Legal Guardian:

If your child needs to have medication given by school personnel during the school day, state law and school board policy require that you and your physician provide written authorization for administration of both prescription and over-the-counter medication.

Other options:

1. **The parent or legal guardian** may come to school and give the medication to his or her child after checking in at the front office or school clinic.
2. You may discuss an alternative schedule for administering medication outside of school hours with your physician.

- The medication authorization on the reverse side of this document must be completed and signed by both parent/legal guardian and prescribing physician. There are **NO EXCEPTIONS**.
- **Each Medication requires a separate medication authorization form.**
- Prescription medication must be delivered in the current original container with an unaltered prescription label attached. Ask the pharmacist to divide the medication into two completely labeled containers, providing one container for school and one for home.
- Over-the-counter and sample medication must be delivered to school in the original container labeled with the student's full name, name of medication, directions concerning dosage, time of day to be taken and physician name.
- Over-the-counter medication may be self-administered by middle and high school students. An Over-The-Counter Student Administered Medication Form 160 must be completed by the parent and submitted to the school clinic.
- A parent/legal guardian or an adult with written parental permission must deliver medication to the school. High school students may deliver their own medication with parental written permission. **Elementary and middle school students are not permitted to deliver medication to school.**
- All medication authorization forms are valid for one school year only, which includes summer school and extended daycare terms unless an earlier stop date is specified.
- Medication may be given 60 minutes before to 60 minutes after the time medication is ordered.
- All unused/discontinued medication, if not picked up, will be disposed of 5 days after parent notification.
- For the complete medication policy refer to SCPS board policy 5330.

Thank you for assisting us in providing safe medication administration for your child during the school day.

Please reverse side of this document for Medication Authorization