Exp. Date

OKALOOSA COUNTY SCHOOL DISTRICT

MIS 5183 Rev. 6/2019

STUDENT INTERVENTION SERVICES DISPERSION OF MEDICATION FORM

School Board Policy for Administering Medication to Students by School Personnel

- 1. Any medication, either prescription or nonprescription, to be administered to a student on school premises or at school functions (including field trips) must be brought to the school by the parent/guardian/authorized adult representative for retention and administering. No student will be allowed to have medication, prescription or nonprescription with the exception of an enzyme, Epipen, insulin pen, or an asthma inhaler, in his/her possession on school premises, on a school bus, or at a school function. Enzymes, Epipens, insulin pens, or asthma inhalers will be permitted to be carried with parental permission and physician's authorization.
- 2. Medication brought to school must be in the original prescription container, properly labeled with the child's name, doctor, name of medication, route, dosage, time to be administered, directions, and expiration date. A "Dispersion of Medication Form" must be completed for <u>each</u> medication and a method of disposal of any unused or expired medication designated. The medication must be counted jointly by the parent/guardian and a school clinic staff member. The parent/guardian and school clinic staff member must both sign the "Registry of Medication Form" for the initial medication drop off and each time additional medication is brought to the school. Any medication that is unused must be picked up within one week of the ending date noted or at the end of the school day on the last day of school. All unused medications left after these dates will be discarded by the school clinic staff.
- Parents 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 by a school staff member.
- 4. Medication(s) will not be provided by the school.
- 5. The student will be accountable for appropriate use of medications/equipment in his/her possession. In the event of misuse of supplies or equipment, the students may be subject to disciplinary action.
 - **By my signature on this form, I authorize designated Okaloosa County School District personnel, and any other contracted healthcare agencies to provide emergency care for my child and/or to exchange medical information as necessary to support the continuity of care of my child.

This is to verify that			a student at					
	Student's Legal Name	Date of Birth		School				
has my permission to take or have administered to him/her the following medication during the school day:								
Name of Medication	n/Strength:		Dosage:					
	(Be specific	c)		(Be specific)				
Reason for taking medication:			Route:					
J				(Ex: by mouth, injection, topical)				
F	requency:		Time:					
	(How often can medica	tion be given)		(Be specific)				
Comments concern	ing medication (i.e., to be taken wit	h food, etc.)	: <u> </u>					
Possible side effect	s of medication:							
*If not picked up	lication for my child will be disposed within 1 week of last dose, or by the last d			disposed of by clinic staff.				
List allergies:	dication to be given:		_	Last day of School				
Parent/Guardian:			Da	ite:				
•	Signature							
Home Phone #	Cell Phone #		Work	Phone #				

This form complies with applicable Florida Statute and will become the property of the school for filing purposes.

(Continued on reverse side)

REGISTRY OF MEDICATION FORM

Date	Medication	# Meds Counted	Parent/Staff* Signature	Staff Signature

FIELD TRIP SIGN OUT

Date	Medication	# Signed Out	# Returned	Teacher/Staff Signature**	Clinic Staff Signature

^{*} Staff signature may be used as verification of medication count only in the event that a parent/guardian signature cannot be obtained.

Symbols Key: W=Wasted

^{**}By my signature, I acknowledge that I have received training on Medication Administration procedures this school year.