

SPANISH RIVER CHRISTIAN SCHOOL
2400 NW 51st Street
Boca Raton, Florida 33431
(561) 994-5006
FAX (561) 994-1160

PHYSICIAN'S AUTHORIZATION OF MEDICATION FOR A STUDENT AT SCHOOL

NAME OF STUDENT _____ BIRTH DATE _____

NAME OF MEDICATION _____ ORDER EXPIRATION DATE _____

Form of medication to be given is circled below:

tablet **capsule** **inhalation** **liquid** **other** _____

Dosage (amount to be given): _____

How often and at what time: _____

Desired action of medication (optional): _____

Symptoms of adverse reaction to medication: _____

The parent knows of this request and is in full agreement that this medication will be supplied as needed. Should the student manifest any of the above symptoms, which may be caused by the medication, please contact the parent or my office.

REMARKS: _____

Physician's Signature

Physician's stamp

Telephone Date

PARENT'S PERMISSION

I hereby give my permission for my child (named above) to receive medication in school and during school sponsored activities. I understand that the school undertakes no responsibility for the administration of the medication. This medication has been prescribed by a licensed physician. I hereby release Spanish River Christian School and its agents and employees from any and all liability that may result from my child taking this medication.

Parent/Legal Guardian Name (print)

Signature of Parent or Guardian

Telephone

Date

SPANISH RIVER CHRISTIAN SCHOOL MEDICATION POLICY INFORMATION

Dear Parent/Legal Guardian:

If your child needs to have medication given by school personnel during the school day, State Law (Florida Statutes 1006.062) 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. You may come to school and give the medication to your child after checking in at the front office or school clinic.
2. You may discuss with your physician an alternative schedule for administering medication outside of school hours.

- The Physician's Authorization of Medication on the reverse side of this document must be entirely completed and signed by the prescribing physician. This form must be signed by a parent/legal guardian, accompanied by the medication to be given to your child in school, and delivered to the school clinic. There are **NO EXCEPTIONS**.
- A parent/legal guardian or an authorized adult must hand carry all prescription and over-the-counter medications to the school office/clinic. Prescription medication must be delivered in the current original container with an unaltered prescription label attached. The label must display all legal information required for a pharmacist to dispense a prescription medication such as the student's name, the medication name, dosage, time to be administered, and the physician/legal healthcare provider's name.
- Over-the-counter (OTC) and non-prescription medication must be delivered to school in the original container labeled with the student's full name, name of medication, and directions concerning dosage. OTC meds, including cough drops, will only be given according to the directions prescribed on this form by your child's physician. **Students are not permitted to possess or deliver any medication to school.**
- All medication authorization forms are valid for one school year only**, which includes summer camp, unless an earlier stop date is specified.

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

Please see reverse side of this document for Physician's Authorization of Medication.