Sample Form

Alachua County Public School – Health Services

MEDICATION/TREATMENT AUTHORIZATION FORM

Student's Name: _____ Date of Birth: _____ Grade: ____

School Name: __G.H.S._____

The following section is to be completed by the parent or legal guardian:

List child's health conditions and allergies: _____

_____

Name of medicine: _____ Expiration date: Make sure that the medication is not going to expire before the end of the school year

Amount to be given: If it is a prescribed medication we will have to give the medication exactly as it is prescribed on the label. If it is an over the counter medication, such as Advil then you can write how many tablets the child takes, such as 1 tablet as needed, or, 1-2 tablets as needed, or 2 tablets as needed. We cannot give more than the recommended dosage on the label without a doctor's note over-riding it.

Time(s)to be given: If it is a prescription medication then let us know the time it is due or we can help you decide on the best time schedule if you would like our help deciding. If it is an over the counter medication, such as Advil then you can write "As Needed".

Prescribing doctor's name: If it is a prescription medication then write the prescribing doctors name here. If it is an over the counter medication then just write "N/A"

Illness or condition prescribed for: Write the reason for the medication, such as "Allergy Symptoms". If it is for pain such as headaches or menstrual cramps then just write the word "Pain" and that will cover any type of pain.

Dates to be given: beginning on date: from the day the medication is to be started ending on date: the day the medication is to end. If it is an ongoing medication and you want it available to your child throughout the entire school year then put the last day of school, which will be June 5th, 2014.

Prescription medicine MUST have original, unaltered prescription label on the bottle; this label will include the child's name, medication, dosage, frequency of administration, doctor's name, pharmacy's name and phone number. You can ask the pharmacy for a second labeled bottle if you need to separate prescription pills into two bottles for home and school administration.

Non-prescription medicine MUST be in original (store labeled) container, also marked with the student's name. Medication dose cannot exceed dose specified on medication label without a physician's order. **Aspirin or Aspirin products will NOT be given without a physician's order**.

I hereby grant permission to the principal or the school-designated person to assist in the administration of the prescribed medication and/or treatment to my child while in school and away from school while participating in official school activities (F.S.1006.062). I agree to furnish the school with this medication in the bottles as described above. **It is my responsibility to notify the school if and when these orders change**. I permit

Alachua County Public School staff to contact my child's physician and pharmacy in reference to this medication.

I understand the law provides that there shall be no liability as a result of the administration of such medication and/or treatment where the person administering such medication and/or treatment acts as an ordinarily reasonably prudent person would under the same or similar circumstances

Parent/Guardian name: _____ Relationship: _____

Home Phone #: _____ Work Phone #:_____ Cell Phone #: _____

Signature: _____ Date: _____