

Authorization for Medication/Treatment

THIS INCLUDES ALL OVER THE COUNTER MEDICATIONS (e.g. TYLENOL, ADVIL, EYEDROPS, BENEDRYL, COUGH DROPS) AND ANY OTHER NON PERSCRIPTIVE MEDICATION.

The following section is to be completed and signed by the PARENT:

A new authorization **must** be completed at the beginning of **each** school year or anytime a dosage is changed. All medications and/or treatment, equipment or supplies must be provided by the parent.

Child's Name _____						
Last	First	MI	Sex	Grade	Date of Birth	
Physician's Name			Address		Phone Number	
<p>I hereby authorize the above named physician and The Roberts Academy staff to reciprocally release verbal, written, faxed or electronic student health information regarding the above named child for the purpose of giving necessary medication or treatment while at school. I understand The Roberts Academy protects and secures the privacy of student health information as required by federal and state law and in all forms of records, including, but not limited to, those that are oral, written, faxed or electronic.</p> <p>I request that my child be assisted in taking the medication or treatment described below at school by authorized persons as permitted by me and my physician (<i>see below</i>).</p>						
Date	Parent/Guardian Signature	Home Phone	Emergency Phone			

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE PHYSICIAN:

(ONLY ONE medication or treatment per form)

Diagnosis for which medication or treatment is given: _____
Name of medication/treatment: _____
Form: _____ Dose: _____
If medication/treatment is to be given at school, at what time? _____
If medication/treatment is to be given "When needed", Describe indications: _____
How soon can it be repeated: _____
List any significant side effects: _____
Length of time medication/treatment is recommended: _____

Other Information:

_____ _____ _____

 Date Physician's/Mid-level Practitioner's Signature

Place Office Stamp Here

Dear Parent/Guardian:

In order to ensure student safety and health, The Roberts Academy at Florida Southern College has established a policy for the administration of medications during school hours.

If your child must be given medication of any kind during school hours, including over-the-counter medications, you have the following choices:

1. You, **or an adult designated by you in writing**, may come to school and give the medication to your child. School personnel may not be designated for this responsibility.

OR

2. You may get a copy of the Authorization for Medication form from the school and take it to your child's physician, medical provider, the Health Department or a walk-in clinic. This form must be filled out and signed by the doctor/mid-level practitioner and the parent/legal guardian. Once completed, return this form to the school. Medication may be given at school only when an Authorization for Medication is on file. Students who participate in after-school activities and require the use of an inhaler or EpiPen should talk to their physician about adding a notation that the student needs to carry the medication on the Authorization for Medication so that it will be available for their use.

OR

3. You may choose to discuss with your doctor/mid-level practitioner a schedule for giving medication outside of school hours.

School personnel are not allowed to give any medication to students unless they have received a properly completed Authorization for Medication signed by you and your child's doctor/mid-level practitioner. A new authorization form is required at the beginning of each school year and anytime a medication or dosage is changed or added.

ONLY an adult may transport medications to and from the school clinic. Prescription medication must be received in the current pharmacy-labeled container. Over-the-counter medication must be received in the original container labeled with your child's name. Medication required to be split, must be done either at home or by the pharmacist before it is brought to school. School personnel are not permitted to split medication.

For your convenience, a copy of the Authorization for Medication is on the reverse side of this notice. Take a copy of the form with you whenever you take your child to the doctor.

If you have any questions, please give us a call.

Thank you for your cooperation.