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 each 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.
3. 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/Strength: _____ Dosage: _____
(Be specific) ***(Be specific)***

Reason for taking medication: _____ Route: _____
(Ex: by mouth, injection, topical)

Frequency: _____ Time: _____
(How often can medication be given) ***(Be specific)***

Comments concerning medication (i.e., to be taken with food, etc.): _____

Possible side effects of medication: _____

Unused/expired medication for my child will be disposed of by: ☐ Parent Pick-Up ☐ School Disposal
*If not picked up within 1 week of last dose, or by the last day of school, medication will be disposed of by clinic staff.

Date last dose of medication to be given: _____ ☐ Last day of School

List allergies: _____

Parent/Guardian: _____ Date: _____
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.***

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

Symbols Key: W=Wasted