Dear Parent/Legal Guardian:

If your child needs to have medication given by school personnel during the school day, state law 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 medication authorization on the reverse side of this document must be completed and signed by both parent/legal guardian and prescribing physician. There are NO EXCEPTIONS.

- Prescription medication must be delivered in the current original container with an unaltered prescription label attached. Ask the pharmacist to divide the medication into two completely labeled containers, providing one container for school and one for home.

- Over-the-counter and sample medication must be delivered to school in the original container labeled with the student’s full name, name of medication, directions concerning dosage, time of day to be taken and physician name.

- Over-the-counter medication may be self-administered by middle and high school students if indicated on authorization Form 157 signed by the parent and physician or if an Authorization for Over-The-Counter Student Administered Medication Form 160 is completed by the parent. These forms must be submitted to the school clinic.

- A parent/legal guardian or an adult with written parental permission must deliver medication to the school. High school students may deliver their own medication with parental written permission. Elementary and middle school students are not permitted to deliver medication to school.

- All medication authorization forms are valid for one school year only, which includes summer school and extended daycare terms 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 Medication Authorization.
SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA
AUTHORIZATION FOR OVER-THE-COUNTER
STUDENT ADMINISTERED MEDICATION

SECONDARY SCHOOLS ONLY

Student Name ___________________________________ Date ____________________

School _________________________________________ Grade __________________

My permission is hereby granted for the above named student to self-administer the following medication during school hours and/or school activities.

Name of Medication: ______________________________________________________

Strength: ____________ Dosage: ____________ Route:  ρ Oral   ρ Inhaled   ρ Topical

Reason for which medication is required: ______________________________________

How often will this medication be taken during the school day: ___________________

__________________________________________________________

This authorization is valid for this school year only unless earlier date is specified: ____________

(End Date)

Signature of Parent/Legal Guardian ____________________________________________

Name of Parent/Legal Guardian (please print) ________________________________

Relationship to Student ____________________________________________________

Home Phone __________________________ Business/Other Phone ____________________

Note: 1. All medication must be in the original container and clearly labeled with student's name.
2. The dosage must not exceed amounts recommended on the container label.
3. Parents who permit their child to self-administer over-the-counter medication assume full responsibility for any consequences resulting from the administration of the medication by their child.
4. To maintain a safe and drug free environment, it is encouraged that the amount of medication carried by the student should not exceed the daily dosage.

SCPS Form 160 Rev. 4/01/07 FED
The following section is to be completed by the prescribing licensed healthcare provider prior to administering medication.

The following medication is necessary to be given in school and during school sponsored activities. I am aware that this medication may be administered by non-medical personnel.

<table>
<thead>
<tr>
<th>Diagnosis for which medication will be required in school:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication:</td>
</tr>
<tr>
<td>Route:</td>
</tr>
<tr>
<td>Frequency:</td>
</tr>
</tbody>
</table>

| If applicable, is student authorized to carry and self-administer medication? | Yes | No |
| Is middle or high school student authorized to self-administer this over-the-counter medication? | Yes | No |

List any significant side effects to the medication:

This authorization is valid for this school year only unless earlier date is specified:

Licensed Health Care Provider Signature ___________________________ Date _____________
Printed Name ___________________________ Phone Number ___________________________
Address ___________________________ Fax Number ___________________________

The following section is to be completed by a parent/legal guardian:

I hereby grant permission to Seminole County Public Schools and its designees to assist in the administration of the above-prescribed medication to my child while in school and during school sponsored activities (FS 1006.062). It is my responsibility to provide the school with a new medication authorization form if and when these orders change. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

Parent/Legal Guardian Signature ___________________________ Date _____________
Parent/Legal Guardian Name ___________________________ (Print) Relationship _____________
Home Phone ___________________________ Business Phone ___________________________ Other Phone ___________________________

Please see the reverse side of this document for Parent Information.

SCPS Form 157 4/01/07 FED