SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA
ALLERGY MEDICATION AUTHORIZATION

Student Name_____Sex_____DOB_____School Year_____

School_____Grade_____Phone_____ Fax_____

For Licensed Healthcare Provider Use Only:

Student has allergy to: _____

Student has asthma	❒	Yes	❒	No (Note: If yes, student has higher chance of reaction)
Student has had anaphylaxis	❒	Yes	❒	No
Student may carry auto-injector	❒	Yes	❒	No
Student may self-administer auto-injector	❒	Yes	❒	No

In accordance with FS 1002.20: I authorize this student to carry and self-administer epinephrine. I verify that he/she has been instructed on and understands the following:

❒ Signs and symptoms of allergic reaction
❒ Safe storage and proper technique for administration
❒ Appropriate time to administer
❒ Tell an adult to call 911

Medication:

❒ **Epinephrine:** IM, auto-injector _____ Dose: ❒ 0.15 mg ❒ 0.3 mg
Frequency: _____
To be given for what symptoms? _____

❒ **Antihistamine:** _____ Dose _____Route _____
Frequency: _____
To be given for what symptoms? _____

❒ **NOTE:** if this box is checked, student has an extremely severe allergy to an insect sting or the following food (s)_____. Even if the student has MILD symptoms after sting or eating these foods, administer epinepherine.

THIS AUTHORIZATION IS VALID FOR THE CURRENT SCHOOL YEAR ONLY, INCLUDING SUMMER SCHOOL

Licensed Healthcare Provider Signature _____ Date _____

Printed Name_____ Phone Number_____ Fax _____

Address _____

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).
- I give permission for my child's doctor to be contacted if needed regarding administration of the medication listed above.
- It is my responsibility to provide the school with a new medication authorization form if and when these orders change.
- Medication must be in the container in which it was purchased. Prescription medications must have a pharmacy label attached that matches this authorization.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Printed Name _____ Relationship _____

Primary Phone _____ Other Phone _____

School Board Nurse Signature _____ Date _____

SEMINOLE COUNTY PUBLIC SCHOOLS
MEDICATION POLICY INFORMATION

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. **The parent or legal guardian** may come to school and give the medication to his or her child after checking in at the front office or school clinic.
2. You may discuss an alternative schedule for administering medication outside of school hours with your physician.

- 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.**
- **Each Medication requires a separate medication authorization form.**
- 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. An Over-The-Counter Student Administered Medication Form 160 must be completed by the parent and 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.
- Medication may be given 60 minutes before to 60 minutes after the time medication is ordered.
- All unused/discontinued medication, if not picked up, will be disposed of 5 days after parent notification.
- For the complete medication policy refer to SCPS board policy 5330.

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

Please reverse side of this document for Medication Authorization