

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY
HEALTH SERVICES
J. E. Hall Center 30 E. Texar Dr.
Pensacola, FL 32503
Phone: (850) 469-5456

**AUTHORIZATION FOR ADMINISTRATION OF
NON-PRESCRIPTION/OVER-THE-COUNTER
MEDICATION (OTC)**

THIS FORM IS VOID IF ALTERED IN ANY WAY

INSTRUCTIONS: Each of the three sections must be completed by parent/guardian for student to receive an over-the-counter (OTC), medication below. **Parents will be notified when student receives an OTC medication.**

I. STUDENT INFORMATION (To Be Completed By Parent/Guardian).

Student's Name (Last, First, Middle)		Birth Date	Medication Allergy	Medicaid #	Grade
Parent/Guardian		Address			
Home Phone	Work Phone	Other Phone (Cellular, Beeper, etc.)			

II. ACTION PLAN (To Be Completed By Parent/Guardian). Please complete all spaces. Check yes or no to indicate which of the approved list of over-the-counter medications may be administered when indicated by student's symptoms.

THIS REQUEST IS TO BE EFFECTIVE FOR THE SCHOOL YEAR 20____-20____ OR EARLIER STOP DATE: _____

Over-the-Counter Medication	Dosage and Time	Condition/Symptoms	Possible Side-Effects*	Comments
Acetaminophen (Tylenol®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For relief of minor aches & pain; fever (100.5°) will not be treated at school unless nursing assessment indicates need for treatment of 102° or higher temperature while awaiting transportation home.	None significant if administered per manufacturers label	Alert: Students with temperature over 100.4° must be sent home.
Calcium Carbonate (Tums®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For stomach ache or heart burn	Constipation	Not to be used in children less than 6 years old.
Diphenhydramine (Benadryl®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For allergy symptoms	Drowsiness or excitability	Alert: Students will not be allowed to drive within 4 hrs. of taking Benadryl.
Ibuprofen (Advil®, Motrin®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For relief of body aches & pain or menstrual cramps; fever (100.5°) will not be treated at school unless nursing assessment indicates need for treatment of 102° or higher temperature while awaiting transportation home.	Stomach upset	Alert: Contains no aspirin (salicylates), but should not be given if student has allergy to aspirin; may cause stomach bleeding.
Sting Relief Pad™ Contains 2% Lidocaine For External Use Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For temporary relief of pain and itching caused by insect bites and stings	None significant if administered per manufacturers label	Do not use on broken skin, near eyes or mucous membranes.

***Manufacturer's label is maintained in the clinic for parents to review upon request**

III. PARENTAL PERMISSION (To Be Completed By Parent/Guardian). Form is void if this section is incomplete.

I request the designated school personnel to assist my child in the administration of the above described medication/s. I give permission for my child to take the medication indicated above by my checking the yes box according to the condition/symptoms described while in school or while participating in school activities away from the school site. I understand that: (1) there is no liability on the part of the school district, its personnel, or agents, including Escambia County Health Department personnel, for civil damages as a result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) these medications are stocked and maintained by school clinic with standing orders prescribed by the Director of the Escambia County Health Department; (3) I will be notified of the medication and time that the OTC medication was administered to my child; (4) I will be contacted if my child's symptoms do not improve and s/he is unable to remain at school. I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and school health personnel of the Escambia County Health Department and the Escambia School District. Furthermore, if my child is covered by Medicaid and receives services under an IEP, I consent for the school district to bill Medicaid for those services.

Parent/Guardian Signature: _____ Date: _____

Students are not allowed to bring or carry any over-the-counter medications to school or school sponsored activities.

MEDICATION PROTOCOL AT SCHOOL

PARENT RESPONSIBILITIES

Prescription Medication

1. An Authorization for Administration of Prescription Medication form (9400-HES-005A) must be filled out by the physician, and signed by the parent.
2. A separate authorization form must be filled out for **EACH** medication administered.
3. Changes in medication require a **new** authorization form signed by the physician and parent.
4. Medication must be in the original pharmacy-labeled container.
5. No more than a 30-day supply of medication may be accepted.
6. A responsible adult must deliver and pick-up the medications in the school clinic.
7. Notify clinic staff directly of any medication changes, including discontinued medications.
8. If your child is authorized to receive an early morning medication at school, do not give this dose at home.
9. Discontinued medication must be picked up by parent within one week of the stop date. Unclaimed medication will be destroyed one week after the stop date.
10. During the last month of the current school year, bring only enough medication to be used by the last day of school. Unclaimed medication will be destroyed at the close of the last day of school.

Non-Prescription Medication

1. The **ONLY** non-prescription medications/over-the-counter medications that will be administered at school are:
 - a. Acetaminophen (Tylenol®)
 - b. Calcium Carbonate (Tums®)
 - c. Diphenhydramine (Benadryl®)
 - d. Ibuprofen (Advil®, Motrin®)
 - e. Sting Relief Pad (2% Lidocaine; external use only)

Any medically required exception to the above non-prescription medication, requires an Authorization of Prescription Medication form (9400-HES-005A) from the student's physician.

2. The Medical Director of Escambia County Health Department provides standing orders for these OTC medications to be administered with parental consent and according to the dosage and time on the manufacturer's label.
3. Authorization for Administration of Over-the-Counter Medication (OTC) form (9400-HES-005B) is available in the school clinic for parent to indicate which of these OTC medications can, or cannot, be administered to the student each school year. This form is also available on-line for parents to download from Escambia County School District/Health Services.
4. Over-the-counter medications as listed above are provided and maintained by the school health staff in the school's clinic in the original containers with the manufacturer's label.
5. Notify clinic staff directly of any medication changes, including withdrawal of parental consent.
6. Over-the-counter medications provided by the school will not be administered to pregnant or breast feeding students unless there is an Authorization of Prescription Medication form (9400-HES-005A) from the student's physician.