



The School District of Lee County, Florida  
**School Health Services**

**Health Care Provider/Parent Consent for Medication Administration**

School Year :

Dear Health Care Provider,

The following student is requesting medication administration during school hours.

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ School : \_\_\_\_\_

Policy for the administration of over-the-counter and prescription medication is as follows:

- Only medication ordered by a licensed health care provider (LHCP) will be administered in the school setting.
- All medication orders will expire at the end of the school year.
- Written parent permission is required prior to any medication administration (see parent section below).
- Over-the-counter (OTC) - All OTC medication such as , but not limited to, Benadryl, Motrin and cough drops, require a written order from the LHCP prior to administration. Medication must be in original package and labeled with the student's name and dosage instructions.
- Prescription Medication - Written orders should be requested for any prescription medications within 48 hours from the health care provider.

Please write the medication orders below. Please be specific with dates, parameters, etc. We appreciate your cooperation with this request.

**Diagnosis :**

Medication	Time of day to be taken	Amount/number to be taken	Duration of medication Beginning and end dates required
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Generic substitute will be allowed unless specified below :

Check if Generic Substitution is **Not** Allowed.

Please report the following adverse effects to the prescriber's office :

\_\_\_\_\_  
**Health Care Provider Signature:**

\_\_\_\_\_  
**Please Print Health Care Provider Name:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider Phone Number :

\_\_\_\_\_  
Health Care Provider Fax :

**Parent Consent for Medication Administration**

Florida Statute 1006.062 requires written parental consent for a student to take medication during the school day. Please refer to "Guidelines for Administration of Medication" on the following page.

I agree with the above prescribed medication regimen, and authorize the personnel of The School District of Lee County, Florida to administer medication to my child/student. It is understood that this medication will be administered, if needed, on field trips. I also authorize the school nurse to contact the prescribing licensed health care provider or his/her designee to exchange information concerning the purpose, dosage, and effects of this medication.

\_\_\_\_\_  
Please Print Parent/Guardian Name:

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Alternate Phone :

\_\_\_\_\_  
Parent/Guardian Signature

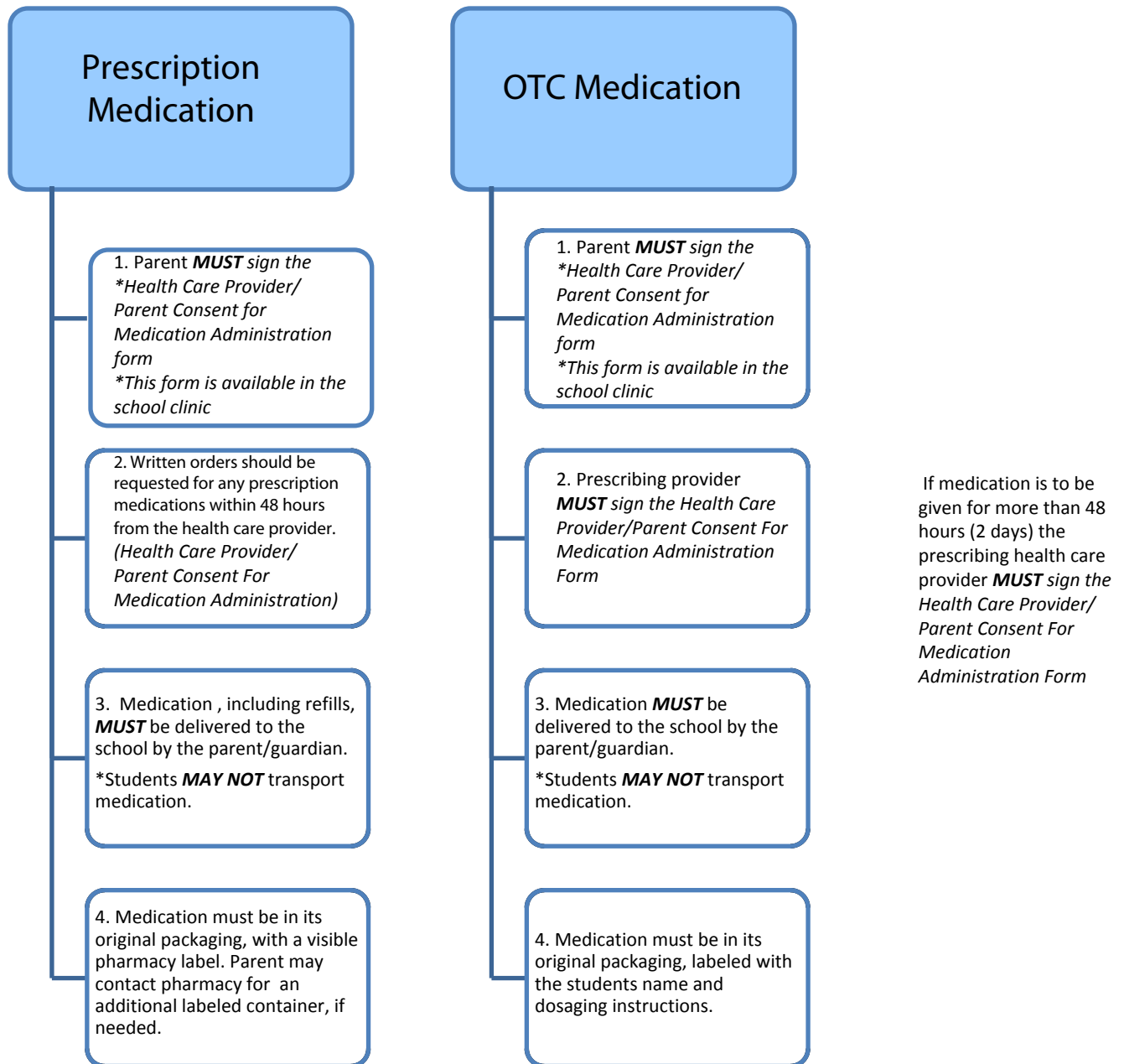
\_\_\_\_\_  
Date



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**School Health Services**

**Guidelines for Administration of Medication**

It is highly recommended that all prescription and/or over-the-counter (OTC) medications be given at home, by the parent/guardian. If a student has an illness/health condition that requires medication administration during school hours, the following guidelines must be followed:



\*All medications, unless picked up by the parent/guardian, will be discarded on the last day of school. All discontinued medications, unless picked up by the parent/guardian, will be discarded within 10 calendar days. If the student moves, or is reassigned, it is the parents responsibility to pick-up and/or transport the medication to the new school.