



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 order must be obtained from the LHCP within 48 hours/2 school days.

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

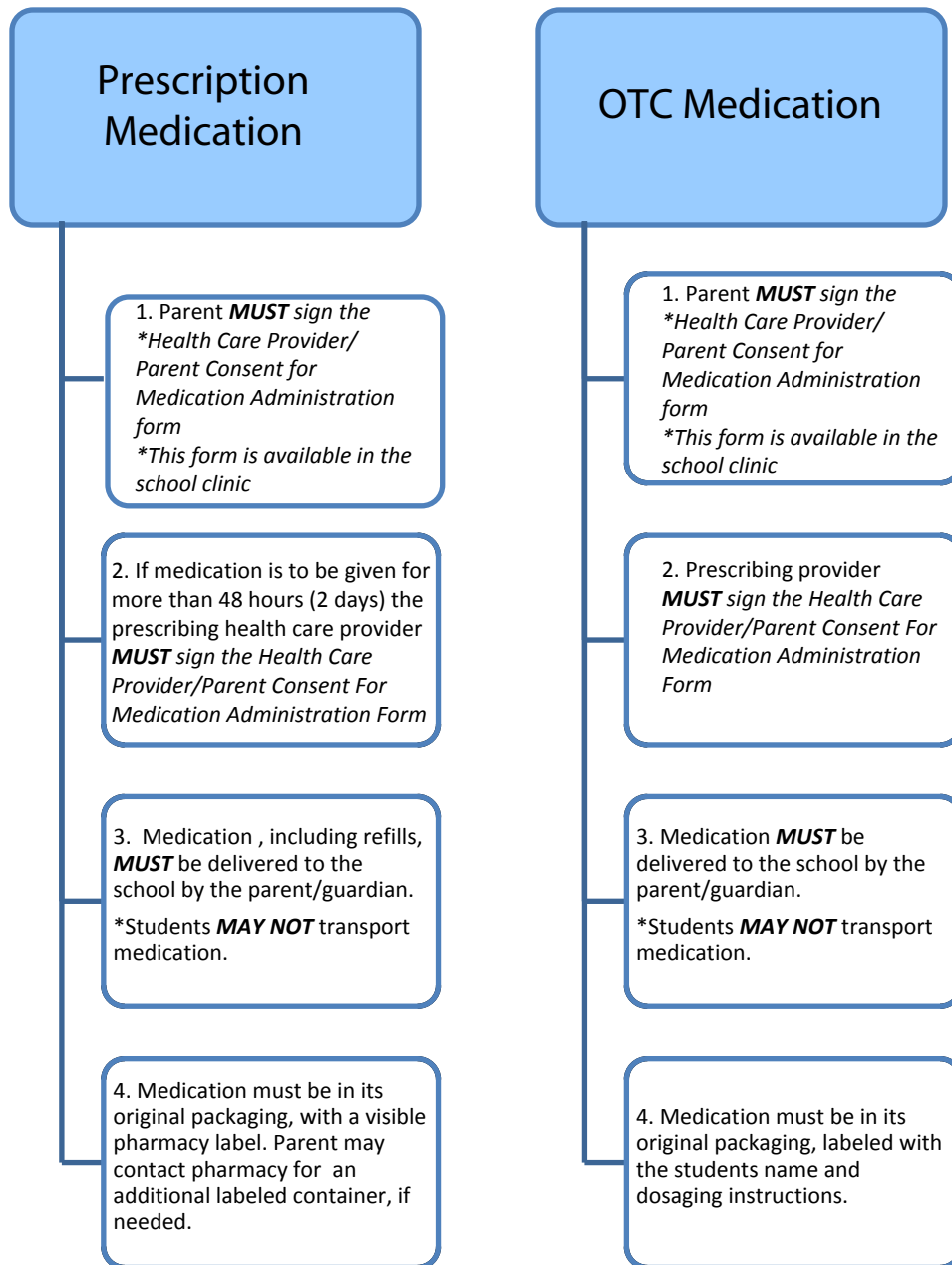
\_\_\_\_\_  
Date



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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.**