



First Baptist Academy Medication Authorization Form

Student's Name: _____ Sex: M F Date of Birth: _____

Teacher: _____ Grade: _____

Allergies: _____

MEDICATION INFORMATION

Medical Condition for which medication will be required for student in school: _____

Name of Medication: Prescription _____ Over-the-Counter _____

Route to administer (*please check one*) Oral Topical Subcutaneous Inhaled IM Other _____
(BY MOUTH) (ON THE SKIN) (INJECTED) (BREATHED)

Dosage: _____ Frequency: _____ Time of Day: (ex. 11:00 AM) _____

Is this a new medication? Yes No If yes, the first dose must be administered at home.

Special Instructions: _____

**Prescription medications require healthcare provider signature below:
Physician's orders are required for all prescription medications given at school**

Physician's Name (Print): _____ Phone Number: _____

Physician's Signature: _____ Date: _____ Fax Number: _____

I have prescribed the student to **self-carry** MDI, pancreatic enzymes, EPI-PEN, or other life saving medications described on this page.

PARENT/GUARDIAN AUTHORIZATION

1. I give permission for my child's doctor to be contacted for information regarding the administration of the medication listed on this form.
2. I authorize the above medication to be administered as described or prescribed during school or after-school programs operated by Collier County Public Schools.
3. I understand that medication not picked up by the last day of school will be discarded.
4. I understand that medication may not be administered if either the "discard after date" or the manufacturer's expiration date has passed.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____

Home phone: _____ Business phone: _____ Emergency phone number: _____

FOR SCHOOL NURSE USE ONLY

Physician's Verbal Order Obtained: Date: ___ Time: _____ Received From: _____

Content of physician's verbal order obtained: _____

Reviewed by: _____ Date: _____

School Nurse

Please see reverse side of this document for Medication Authorization Information

First Baptist Academy Medication Authorization Form

Dear Parent/Legal Guardian:

If your child requires medication(s) during the school day, FBA requires that you provide authorization for all medications to be given. An authorization for prescription medication must also be completed and signed by a physician.

- The Medication Authorization Form on the reverse side of this document must be entirely completed and accompany prescribed or over-the-counter medications to be given to your child in school. The form must be signed by a parent/legal guardian. The prescribing healthcare-provider must also complete and sign the form for any **prescription** medications to be given.
- A parent/legal guardian or an authorized adult must deliver medications to the school. At the time of delivery, the quantity of each medication will be verified by the school nurse. **Please avoid sending medications to school with your child.**
- Medications given only one time per day or medications that can be given before or after school are not administered at school.
- Prescription medications must be received at school in a container with the **original**, unaltered prescription label attached. The **label must be written in English and** display all information required by law, including, but not limited to: date of prescription, “discard after date,” student's name, medication name, dosage, time to be administered, and the prescribing healthcare-provider's name.
- Medication may not be administered at school if either the “discard after date” **or** the manufacturer's expiration date has passed.
- Over-the-counter (OTC) medications must be in the original sealed (unopened) store-issued container. Please label the container with your child's full name and birth date. OTC medications will only be given according to directions on the label. If a parent/ guardian requests dosages that do not appear on the non-prescription medication label, orders stating the reason for the administration variation must be obtained from the healthcare-provider by the parent/guardian and will be considered by a school nurse before administration may occur. **Based on the school nurse's assessment, a parent may be required to obtain a physician's authorization for increased and/ or daily administration of a non-prescription medication.**
- If your child is authorized to self-carry and use life saving medications as prescribed by his/her healthcare-provider, the child must demonstrate competency in self-administration/self-treatment and a “Contract for Self-Carried Medication” must also be completed and signed by the parent and school nurse. **Medication with current prescription label must be signed-in to school clinic.**
- **This Medication Authorization form is only valid for 1 school year. A new form must be completed for each school year.**

Please see reverse side of this document for Medication Authorization