



Dear Parent/Guardian:

Due to requirements placed on the schools by Florida Statutes Chapter 232.22 (2), the following Policy regarding medications dispensed at \_\_\_\_\_ School must be enforced.

Periodically, parents/guardians and physicians request that the student take medications during school hours. Parents/guardians are encouraged to develop a schedule so that the necessity for taking medications at school will be minimized or eliminated.

All medications shall be delivered to the Health Room with the following information on the pharmacy container for prescription medications and in the factory sealed container for non-prescription medication:

- a. Name and purpose of medication
- b. Time the medication is to given
- c. Specific instructions on the administration of the medication
- d. Physician name and phone number
- e. Pharmacy name and phone number
- f. Approximate duration of medication, i.e., end of school year/10days, etc., and possible side effects are to be listed on the Medication Authorization form.

Parents/guardians **must** bring all medications in the most current labeled container. Parents/guardians will be required to fill out a Medication Authorization form for each medication before medication (s) can be dispensed.

**Notes from home will not be accepted as authorization for dispensing medication.** This applies to all prescription as well as non-prescription medication.

**Medication authorization form must be on file at school for the medication to be dispensed.** Any medication brought to school without a Medication Authorization form will be held by the School Nurse/School Health Assistant. The parent will be contacted. For safety and security reasons, medications must be transported to and from school by parent/guardian. **Do not send medication to school with the child or siblings.**

Your cooperation with this policy is greatly appreciated. We know that you can appreciate the necessity of such a policy to assure the safety of our children who are receiving medication in our school.

Thank you,

\_\_\_\_\_  
Principal

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Nurse/School Health Assistant

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Parent Acknowledgement