

OFFICE OF RISK MANAGEMENT  
DISPERSION OF MEDICATION FORM

School Board Policy for Administering Medication to Students by School Personnel

- Any medication, either prescription or nonprescription, to be administered to a student on school premises or at school functions (including field trips) must be brought to the school by the parent/guardian/authorized adult representative for retention and administering. No student will be allowed to have medication, prescription or nonprescription with the exception of an enzyme, Epipen, insulin pen, or an asthma inhaler, in his/her possession on school premises, on a school bus, or at a school function. Enzymes, Epipens, insulin pens, or asthma inhalers will be permitted to be carried with parental permission and physician's authorization.
- Medication brought to school must be in the original prescription container, properly labeled with the child's name, doctor, name of medication, route, dosage, time to be administered, directions, and expiration date. A "Dispersion of Medication Form" must be completed for each medication and a method of disposal of any unused or expired medication designated. The medication must be counted jointly by the parent/guardian and a school clinic staff member. The parent/guardian and school clinic staff member must both sign the "Registry of Medication Form" for the initial medication drop off and each time additional medication is brought to the school.
- Parents are encouraged to request prescriptions for medications which limit administration during school hours. First morning doses should be given at home with only mid-day doses administered by a school staff member.
- Medication(s) will not be provided by the school.
- The student will be accountable for appropriate use of medications/equipment in his/her possession. In the event of misuse of supplies or equipment, the students may be subject to disciplinary action.  
**\*\*By my signature on this form, I acknowledge receipt of the Notice of Privacy Practices Act, and authorize designated Okaloosa County School District personnel, and any other contracted healthcare agencies to provide emergency care for my child and/or to exchange medical information as necessary to support the continuity of care of my child.**

This is to verify that, \_\_\_\_\_ a student at \_\_\_\_\_  
*Student's Legal Name Date of Birth School*

has my permission to take or have administered to him/her the following medication during the school day:

Name of Medication/Strength: \_\_\_\_\_ Dosage: \_\_\_\_\_  
*(Be specific) (Be specific)*

Reason for taking medication: \_\_\_\_\_ Route: \_\_\_\_\_  
*(Ex: by mouth, injection, topical)*

Frequency: \_\_\_\_\_ Time: \_\_\_\_\_  
*(How often can medication be given) (Be specific)*

Comments concerning medication (i.e., to be taken with food, etc.): \_\_\_\_\_

Possible side effects of medication: \_\_\_\_\_

Unused/expired medication for my child will be disposed of by:  Parent Pick-Up  School Disposal

\*If not picked up within 1 week of last dose, or by the last day of school, medication will be disposed of by clinic staff.

Date last dose of medication to be given: \_\_\_\_\_  Last day of School

List allergies: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Parental consent is provided for coach/teacher of extra-curricular activity to receive allowable student carried medications (i.e. Enzymes, Epi-pens, Insulin pens, and Asthma Inhalers).**

**Parent initial required: \_\_\_ Yes \_\_\_ No**

*This form complies with applicable Florida Statute and will become the property of the school for filing purposes.*

*(Continued on reverse side)*

# REGISTRY OF MEDICATION FORM

Date	Medication	# Meds Counted	Parent/Staff* Signature	Staff Signature

# FIELD TRIP SIGN OUT

Date	Medication	# Signed Out	# Returned	Teacher/Staff Signature**	Clinic Staff Signature

\* Staff signature may be used as verification of medication count only in the event that a parent/guardian signature cannot be obtained.

\*\*By my signature, I acknowledge that I have received training on Medication Administration procedures this school year.

Symbols Key: W=Wasted