

**MIAMI CHRISTIAN SCHOOL**

200 NW 109 Avenue  
Miami, FL 33172

**Physician's  
Authorization to  
Dispense Medication**

The following form must be submitted at the beginning of each school year in order for school personnel to dispense any medication to your child, whether by prescription or over-the-counter medication, including Tylenol. Without this completed form on file, no medication will be administered. If you have any questions, please call the school at 305-221-7754.  
**Per Chapter 464, Florida Statutes governing the practice of nursing and HRS Manual 150-25a regulating the dispensing of medication in Florida schools, no medication may be dispensed by the school from the school clinic without permission granted by a licensed physician. Furthermore, such dispensing of medications may not be by general permission only but the specific medication must be so authorized.**

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**OVER THE COUNTER MEDICATIONS**

and

**PRESCRIPTION MEDICATIONS**

**(This section must be completed by Physician)**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Purpose for Medication \_\_\_\_\_

Time and directions for dispensing medication \_\_\_\_\_

Possible side effects/special instructions \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

The school has my authorization to administer the above named medication to the student named herein.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

**PARENTAL PERMISSION**

**(This section must be completed by Parent or Guardian)**

**I authorize the school to administer the medication(s) prescribed above to my child during the school day, including when my child is away from school property on official school business. I will bring the medication to the school for my child properly labeled. I agree to accept full responsibility for the administration of the medication and agree to hold harmless Miami Christian School and its agents from any action of liability arising therefrom.**

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**Note: If the medication is to be administered for an extended period of time, see paragraph F on the reverse side.**

**It is required by law that parents pick up the medication at the end of the day. If medication requires refrigeration and the child attends the after school care program, a cold pack must be sent along with medication to prevent spoilage.**

Rev. 8/04

**ANNUAL AUTHORIZATION REQUIRED  
THE FOLLOWING POLICIES APPLY REGARDING  
MEDICATIONS FOR STUDENTS**

**School personnel may administer and/or dispense medication to students in compliance with the following procedures approved by the Dade County Department of Public Health:**

- a. When there exists a long-term or chronic illness or disability that requires maintenance type medicine and where failure to take prescribed medication could jeopardize the student's health and when the medication schedule cannot be adjusted to provide for administration at home.
- b. When there is a written treatment plan signed by a licensed physician and a consent form signed by parent or guardian for each type of medication prescribed. This treatment plan shall explain the necessity for the prescribed medication to be provided during the school day.
- c. **All medicine must be received and stored in original containers.** When the medication is not in use, it shall be stored in its original container in a secure fashion under lock and key in a location designated by the principal.
- d. The assistance in the administration of prescribed medication to students shall be done by the school principal or his/her trained designee.
- e. School personnel will maintain and keep a current list of students receiving medication during school hours, including name of medication, dosage, side effects, purpose and usual time of administration. At the time a student receives medication, the following must be recorded: time, date, and by whom it was administered. It is suggested this information be placed on a medication log. Any liquid oral medication must be accompanied by a dispenser (i.e. dropper, plastic dosage cup, etc.).
- f. **Authorization forms** which include the physician's treatment plan, the necessity for medication, and consent of parent or guardian for assisting students in the administration of prescribed medication by school personnel **will need to be filed** only one time during a school year. The parent or guardian shall advise the school authorities, in writing, when a change of medication is required. **A change in medication by the directing physician during the school year will require a renewal of the authorization forms.**
- g. There shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.
- h. It is required by law that parents pick up the medication at the end of the day. If medication must be refrigerated and your child attends the After School Care program, a cold pack must be sent along with the medication to prevent spoilage. **Please do not send over-the-counter medications with your child for them to take during the school day.**