

The School Board of Leon County
Bylaws & Policies

Unless a specific policy has been amended and the date the policy was revised is noted at the bottom of that policy, the bylaws and policies of The School Board of Leon County were adopted on September 4, 2012, and were in effect beginning September 5, 2012.

5330.01 - SELF-ADMINISTERED MEDICATION

A student shall be allowed to carry and self-administer medication, supplies, and equipment in accordance with State law based on a student's Medical Management Plan (MMP) developed and completed by the health care provider, as well as written parent consent. A student may carry and self-administer a metered dose inhaler, epinephrine auto-injector, prescribed pancreatic enzyme supplement and/or may carry diabetic supplies and equipment to manage and care for his/her diabetes provided the student's parent provides the following:

- A. For self-administration of a metered dose inhaler, the parent must provide the District with an Authorization for Carrying Medication Form (Form 5330 F3) that requires a waiver of liability of the District signed and dated by a physician and a Medication Permission Form (Form 5330 F1) signed by the parent. The written approval by the physician must include the following:
1. name of the medication in the metered dose inhaler;
 2. the prescribed dosage;
 3. the times or the special circumstances under which the medication is to be administered;
and
 4. any other special related information regarding the administration of the metered dose inhaler.
- B. For self-administration of an epinephrine auto-injector, the parent or guardian must provide the District with an Authorization for Carrying Medication Form (Form 5330 F3) that requires a waiver of liability of the District signed and dated by a physician and a Medication Permission Form (Form 5330 F1) signed by the parent. The student may be permitted to self-administer an antihistamine if it has been approved by both a physician and is included as a component of the MMP. The written approval by the physician must include:
1. the times or the special circumstances under which the medication is to be administered;
and
 2. any other special related information regarding the administration of the epinephrine auto-injected.
- C. For self-administration of prescribed pancreatic enzyme supplements, the parent or guardian must provide the District with an Authorization for Carrying Medication Form (Form 5330 F3) that requires a waiver of liability of the District that is signed and dated by a physician and a Medication Permission Form (Form 5330 F1) signed by the parent and provide the prescription label containing the following:

1. name of the medication;
 2. the prescribed dosage;
 3. the times or the special circumstances under which the medication is to be administered;
and
 4. any other special related information regarding the administration of the medication.
- D. For the use of a diabetic supplies and equipment, the parent or guardian must provide the District with an Authorization for Carrying Medication Form (Form 5330 F3) that requires a waiver of liability of the District is signed and dated by a physician and a Medication Permission Form (Form 5330 F1) signed by the parent. The written authorization from the student's physician must contain the following:
1. an identification of the diabetic supplies and equipment the student is authorized to carry;
 2. a description of which activities the child is capable of performing without assistance;
 3. the times or the special circumstances under which the medication is to be administered;
 4. any other special related information regarding the administration of the medication.

The student must, at all times, carry and utilize medication approved under this policy in a safe and responsible manner. If the principal documents that the student refuses or is unable to carry or self-administer medication approved under this policy in a manner that is safe for students and staff at the school, then approval to self-administer the medication may be revoked.

The School District and its employees are not liable for damages as a result of any injury arising from a student's self-administration of a metered dose inhaler, epinephrine auto-injector, prescribed pancreatic enzyme supplements and/or for the use of diabetic supplies and equipment.

F.S. 985.04, 1002.20, 1002.221

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AUTHORIZATION TO CARRY MEDICATION(S) PERMITTED BY FLORIDA STATUTE 1002.20:
ASTHMA INHALERS, EPINEPHRINE AUTO-INJECTORS, DIABETES SUPPLIES OR PANCREATIC ENZYMES

Date: _____

Student Name: _____ DOB: _____

School: _____ Grade: _____

It is medically necessary for this student to carry his/her medication and/or supplies while in school as permitted by Florida Statute 1002.20. This student is capable of self-management and administration of the following medication and/or supplies.

This authorization is valid for the current school year only (if for specific dates, please specify).

Medication and/or Supplies: _____

Dosage/Instructions: _____

Diagnosis: _____

Physician Signature

Physician Name

Phone Number

Date

I have read and understand the waiver of liability statements on the Authorization for Medication (Page 1) and feel that my child is capable of self-management and administration of the above medication/supplies.

Parent Signature

Parent Name

Phone Number

Date

*****For staff use only*****

The student has demonstrated that he/she is responsible in the use and storage of the above medication.

FDOH RN Signature

FDOH RN Name

Phone Number

Date