## From the Desk of Your Health Care District School Nurse



# Health Care District of PALM BEACH COUNTY TO PALM BEACH COUNTY T

The following is required before any medication can be taken by or administered to a student on school grounds. Refer to School District Policy 5.321 "Administration of Student Medication/Treatment" for more details.



#### **Physician Authorization for Student Medication / Treatment**

A new **Authorization for Medication/Treatment Form** including Diabetes Medical Management Plan (DMMMP) is required each school year and for any changes.



The form (available in the physician's office) must be completed and signed by the prescribing physician for each medication.

The form must also have the **parent's/guardian's signature** in order for the medication to be administered.



#### Prescribed and Over-the-Counter Medications

All medications to be taken or administered at school must be regulated by the United States Food and Drug Administration.



Prescribed medication **must match physician's order**, be in the **original container** with a **pharmacy label that is not expired**, showing student's name, physician's name, medication name, dose and administration information; prescription number (if applicable), prescription date, and medication expiration date. When filling your prescription, request the pharmacy label's expiration date to state, "See Manufacturer's Medication Expiration Date."

Over-the-counter medications must be in the original unopened container, not expired and labeled with the student's name.



Nurse: Marisol Pellam Clinic phone: 561-904-9661 email: mpellam@hcdpbc.org



#### Headache Medication to be Carried on Person

A parent/guardian may provide **written consent via form PBSD 2683** to the School Administrator for the student to self-administer over-the counter medication to treat headaches. The medication must be regulated by the United States Food and Drug Administration to treat headaches.



### Requirements for Medication to be Received and Administered at School

A copy of the **Parent Guardian Consent for School Health Services** (PBSD form 2667) consenting to Illness and Injury services must be on file with the school. The form can be obtained from the school's front office, health room, or School District Web Site.



Medication must be delivered to school health personnel or a principal's designee by the custodial parent/guardian, not the student.

A current color photo of the student is required for identification purposes and will be attached to the medication record. The photo must be delivered with the physician's authorization and medication.



A **medication count and parent/guardian co-signature** for the delivery and receipt of the medication is required.