MAY SANDS MONTESSORI SCHOOL
1400 United Street, #110 Key West, Florida 33040

Permission to Assist in the Administration of Medication

Student's Name_____

In accordance with Florida Statutes and Monroe County School District Policy, this document must be completed and signed before School/Health Staff can assist a student with medication administration.

Conditions for Assistance with Medication Administration – School/Health Staff will assist a student with medication administration under the following conditions:

1. School/Health Staff **cannot** assist with the administration of "over the counter" medication such as Tylenol, Aspirin, Ibuprofen, Cough Syrup, Antihistamines, Decongestants, etc., *unless* accompanied by a medical provider's written order to include strength, dosage, scheduling and duration, and is received in a new, unopened container.
2. School/Health Staff **can** assist a student with the administration of prescription medication under the following conditions:
   - The prescription medication must be brought to school in its original container.
   - The container must be labeled by a Pharmacist or Physician licensed in the State of Florida.
   - The container must include:
     1) the student's name
     2) the medication name, strength, dosage and scheduling (i.e. Ritalin 5 mg one tablet twice a day)
3. If the container label reads "take as directed" there **must** be an accompanying dosage, scheduling and duration written and signed by the Medical Provider ordering the medication. Any changes in medication strength, dosage or scheduling after the original container has been received will need to be accompanied by a written or faxed order from the student's Medical Provider.
4. The first dose of a new medication must be administered at home.
5. School/Health Staff will maintain an individual medication record for each student. The record will include the medication name, strength, dose, date and time of administration and the staff assisting the student with administration of medication.
6. The individual student medication record is **confidential**. It may be shared only by initialing the line indicating with whom it can be shared:

   _____ School Office Staff
   _____ Parent Educator
   _____ County Health Department School Health Staff
   _____ Guidance Counselor
   _____ Student's Teacher
   _____ ESE Team Staff
   _____ Student's Medical Provider
   _____ _____
   Position Title

7. The medication will be kept in its original container and secured under lock and key.
8. Medication which is no longer prescribed for a student must be picked up by a parent or guardian within five school days. If it is not picked up by a parent or guardian within five school days, the School/Health Staff retain the right to properly dispose of medication.

The undersigned resident of Monroe County, Florida as parent or legal guardian of _____, a student in the Monroe County School District, hereby grants to the Principal or Principal's designee the permission to assist in the administration of each medication provided to the school. It is necessary that the medication be given during school hours. I acknowledge that I have read the above and agree to grant permission for the administration of medication to the above named student under the conditions set forth. I also agree to hold harmless the principal, principal's designee, the school nurse and the Key West Montessori Charter School Board for any actions arising from the administration of medication.

_____ _____ _____
Signature Relationship Date

I,_____, refuse to supply May Sands Montessori School with the medications prescribed for my child,_____. I am aware of the fact that the medications prescribed could save my child's life in the event of an emergency on the school campus.

Signature_____ Date_____

Received by school staff: _____ Date: _____