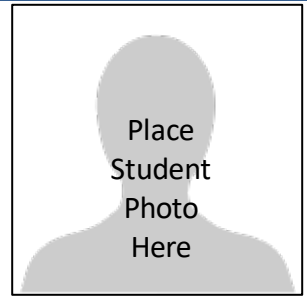


AUTHORIZATION FOR PRESCRIBED MEDICATIONS

Florida Statute 1006.062

Ina A. Colen Academy
5080 SW 66th Ct. Rd. Ocala, FL 34474
Contact Us: 352-304-6787 info@iacaf1.org



Request Beginning (Date): _____ To: _____
Not to exceed one (1) school year

Student: _____ Student #: _____ Date of Birth: _____
Physician Ordering Medication: _____ Physician Phone: _____ Grade: _____
Student Allergies: _____
Health Conditions Requiring Medication: (Diagnosis) _____
Parent/Guardian: _____ PLEASE PRINT Contact #: _____
Second Contact Person: _____ PLEASE PRINT Contact #: _____

MEDICATION ORDER – ALL INFORMATION MUST MATCH THE PRESCRIPTION LABEL

All medication must be in its original container and have a current pharmacy label.
Complete one form for each medication to be administered.

Name of Medication: _____ Expiration Date: _____
Dosage (strength): _____ Route of Administration: _____
Amount to be Given: _____ Time(s) to be Given at School: _____
Special Instructions: _____

AUTHORIZATION

I hereby authorize the administration of rescue medication such as an Epi Pen and Inhalers described above to my child by After School Care Program Staff or other appropriately trained non-medical personnel. I release the Ina A. Colen Academy and related personnel from liability in connection with the administration of medication and authorize them to contact the prescribing physician as may be necessary.

Parent/Guardian Signature: _____ Date: _____

(✓ one) Possession of: Inhaler EpiPen Pancreatic Enzymes

MCPS Board Policy 5.62

Florida law states a student may carry and administer a prescribed metered dose inhaler; and/or an epinephrine auto-injector (e.g. EpiPen; and/or pancreatic supplements: on his/her person while in school with approval from their parent/guardian AND their physician. The above-named child has been appropriately trained in the technique of self-administration.

Parent/Guardian Signature: _____ Date: _____
Physician Signature: _____ Date: _____

This form shall be maintained as part of the student's Cumulative Health Record for a period of 7 years from stop date.

