

POSNACK

S C H O O L

Authorization for Medications

Student's Name: _____ Date of Birth: _____

Grade: _____ Allergies: _____

Home Phone Number: _____

OTC (Over-the-counter) STANDING ORDERS

MEDICATION	DOSAGE & ROUTE	FREQUENCY	INDICATION FOR USE
Acetaminophen	Per bottle instructions	Per bottle instructions	Per bottle instructions
Ibuprofen	Per bottle instructions	Per bottle instructions	Per bottle instructions
Benadryl	Per bottle instructions	Per bottle instructions	Per bottle instructions
Tums	Per bottle instructions	Per bottle instructions	Per bottle instructions
Anti-Itch Cream	Per bottle instructions	Per bottle instructions	Per bottle instructions
Neosporin/Polysporin	Per bottle instructions	Per bottle instructions	Per bottle instructions
Cough Drops	Per package instructions	Per package instructions	Per package instructions

OTHER MEDICATIONS

MEDICATION	DOSAGE & ROUTE	FREQUENCY	INDICATION FOR USE

MEDICAL TREATMENTS DURING SCHOOL HOURS (nebulizer, blood glucose checks, etc.)

Parent Name _____ Parent Signature _____
(Please print)

Physician's Name _____ Physicians Signature and Stamp _____
(Please print)

Date _____ Physician's Phone # _____ Physician's Fax # _____

I grant the nurse, principal, or his/her designee the permission to assist or perform the administration of each medication to or for my child during the school day including when he/she is away from school property or official school events.

***NOTE:**

- Medication will only be administered if a completed Authorization for Medication form has been submitted.
- Prescription or other than common OTC medications supplied by the school supply MUST be in the original container.
- Only medications authorized by a physician may be administered by school personnel.
- It is your responsibility to notify the school when there is a change in medication regimen.

PLEASE RETURN THIS FORM TO YOUR SCHOOL OFFICE

ATTENTION: MARJORIE MOREAU, RN.

THANK YOU.

David Posnack Jewish Day School

Paul and Maggie Fischer High School
 5810 South Pine Island Rd, Davie, Florida 33328

954-583-6100

www.posnackschool.org

IMPORTANT NOTICE TO ALL PARENTS:
THE ATTACHED FORM MUST BE COMPLETED FOR EACH OF YOUR CHILDREN
AND RETURNED TO THE SCHOOL NURSE, MARJORIE MOREAU R.N.

CHANGE IN CLINIC MEDICATION ADMINISTRATION POLICY

Dear Parents,

In the past, it has been the school's policy that only parental consent was necessary for the clinic to administer certain over-the-counter medications to students. **THIS WILL NO LONGER BE ACCEPTABLE PRACTICE at POSNACK SCHOOL.**

Chapter 464 of the Nurse Practice Act of Florida states that, "nurses may administer medications only when the administration of medications and treatments are:

- 1. Prescribed, or**
- 2. Authorized/approved by a duly licensed practitioner authorized by the laws of this state to prescribe medications and treatments."**

The School Health Representative of the Florida Board of Nursing suggests that all schools, public and private utilize the attached Medication Form. **Accordingly, we must require that you use the enclosed form to request that the Posnack School clinic dispense any medication, including those purchased over the counter (OTC) to your child(ren). This form must be returned to the School Nurse.**

The doctor must indicate each specific OTC medication to authorize its use as needed. According to school policy, if you list any other medication, you must supply them to the clinic. This form must be completed annually and kept on file in the clinic. Any change in medication would require that you submit a new form.

If you have any questions regarding this policy, please call the clinic at 954-583-6100, ext. 644. Please be informed that no type of medication will be administered by the clinic without a physician's signed authorization of Medication/Treatment Form on file.

Sincerely,

Dr. Richard Cuenca
Head of School

