

BOARD CHAIR
Georgia "Joy" Bowen

BOARD VICE CHAIR
Alva Swafford Striplin



BOARD MEMBERS
Maggie Lewis-Butler
DeeDee Rasmussen
Rosanne Wood

SUPERINTENDENT
Rocky Hanna

Dear Parent,

If it is *medically necessary* for your child to take medication of any kind while on a school-sponsored trip, a Medication Permission Form for Extended Day/Overnight Field Trips must be completed *for each medication* that your child takes.

This is in accordance with state statute (F.S. 1006.062) and Leon County School Board policy and includes insulin, inhalers, other prescription medications, and over-the-counter medications.

The following are required:

- All medication required for the field trip must be provided *by the parent*.
- All medication must be in its *original* container.
- Medication routinely taken at school must be provided by the parent. (If needed, the parent may check the student's medication out of the health room for the purposes of the school-sponsored trip.)
- A Medication Permission Form for Extended Day/Overnight Field Trips must be completed to include all times that the student may require medication while on the school-sponsored trip.
- Students who carry their own medication (inhalers, insulin, EpiPen, over-the-counter medicines, etc.) must have *written authorization* from their health care provider. Otherwise, all medication must be given to the teacher. (A Medication Permission Form is still required.)
- If a student's parent is a chaperone for the trip, the parent may carry and administer his/her child's medication, and a Medication Permission Form is not required.
- Parent chaperones may not carry or administer medications to other students.
- The teacher will return any unused medication to the parent after the trip.

Please note that these policies are in place to keep your child safe. Please contact your school's School Registered Nurse or Health Assistant or the Leon County Health Department / School Health Division (606-8183) if you have any questions or concerns.

2757 West Pensacola Street • Tallahassee, Florida 32304-2998 • Phone (850) 487-7110 • Fax (850) 414-5194 •

www.leonschools.net

"The Leon County School District does not discriminate against any person on the basis of race, color, national origin, sex (including transgender, gender nonconforming status, sexual orientation and diverse gender identities) marital status, age, ethnicity, religion, military status, pregnancy, disability or genetic information."

**MEDICATION PERMISSION FORM
FOR EXTENDED DAY/OVERNIGHT FIELD TRIPS
(One form for each medication)**

I hereby certify that it is necessary for _____ Date of Birth: _____
(Full Name of Student - List all names used by student)

Teacher/Homeroom: _____ Grade Level: _____

to be given the medication listed below during the school day, including when he/she is away from school property on official school business. Without this medication, he/she will not be able to attend school.

Signed form is necessary for all the following: medicines given by mouth, inhaled, by nebulizer, on skin, patch, injection, etc.)
Only FDA-approved medicines will be accepted.

Name of Medication: _____

Reason for Medication (Diagnosis): _____

Dosage to be given: _____ Route (mouth, injection, etc.): _____

Time(s) of administration: _____ Allergies: _____

Beginning Date: _____ Ending Date: _____ Amount of Liquid or Count of Pills: _____

Emergency Telephone Numbers:

Parent/Guardian: _____ H: _____ W: _____ C: _____

Parent/Guardian: _____ H: _____ W: _____ C: _____

Doctor's Name: _____ Phone: _____

Prescription and non-prescription medication shall come in the original container and shall be labeled. Changes in the medication times or dosage can only be made by written prescription from the physician, which may be faxed to school health personnel. This permission form is valid for the current school year only.

Parents are requested to pick up any leftover medication within ONE WEEK after the ending date. Medication left after this time will be discarded.

I hereby consent to protected health information being used and disclosed to carry out treatment, payment, or health care operations of my child. I understand that the Leon County School District may need to give and receive protected health information pertaining to the management of my child's medical condition with the health care provider listed above, and I hereby authorize the exchange of this information as needed to carry out the treatment, payment or health care operations of my child. I also give permission for the information on this form to be reviewed and utilized by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

I hereby authorize the School Board of Leon County, Florida ("LCSB") and Leon County Health Department ("LCHD"), and their officers, employees, contractors and agents to assist my child with medication administration and/or to supervise my child's self-administration of medication(s) as directed by his or her prescribing physician(s). I acknowledge and agree that non-health professionals, trained in medication administration, may assist my child with medication administration. I hereby release, indemnify, and hold harmless LCSB and LCHD and any of their officers, employees, contractors and agents any and all lawsuits, claims, demands, expenses, and actions against them associated with their activities assisting my child with medication administration and/or supervising my child's self-administration of medication(s), provided they follow the physician's orders on record. I also hereby agree to indemnify and hold LCSB, LCHD and their officers, employees, contractors and agents harmless from any and all lawsuits, claims, demands, expenses, and actions against them arising from harm to any person caused by my child's actions with regards to a self-carried medication.

(Date)

(Parent/Guardian Signature)

Georgia "Joy" Bowen

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(Date)

(Parent/Guardian Signature)

**LEON COUNTY SCHOOLS
AUTHORIZATION FOR CARRYING MEDICATION**

Date: _____

To Whom it May Concern:

_____ is a student at _____
(Name of Student) (Name of School)

It is medically necessary for him/her to carry the following medication(s)*:

Medication: _____
Reason for carrying: _____

Medication: _____
Reason for carrying: _____

Medication: _____
Reason for carrying: _____

This authorization is valid for the current school year only (if for specific dates, please specify above). Additional information may be obtained from

(Physician Name)

at _____ (Phone) or _____ (Fax)

Respectfully signed,

_____, M.D.

M.D. Signature or Office Stamp

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

LCHD School RN

Date

LEON COUNTY SCHOOLS
CONSENT FOR SHARING OF PROTECTED HEALTH INFORMATION

Student's Name: _____

DOB: _____

School: _____

I hereby consent to protected health information being used and disclosed to carry out treatment, payment or health care operations of my child. I understand that the Leon County School District will be giving and receiving information pertaining to the management of my child's medical condition with the following organizations:

(Please check all that apply)

- Tallahassee Memorial Hospital Diabetes Center
- Children's Medical Services
(Name of case manager: _____)
- Leon County Health Department
- Tallahassee Pediatric Foundation
- Dr. Larry Deeb
- Dr. Nancy Wright
- Other physician _____
(Physician name)

I may request a notice of the complete description of such uses and disclosures prior to signing this consent. I am aware that the Leon County School District may change the terms of the notice at any time, and I reserve the right to request a revised notice.

I have the right to request that the covered entity restrict how protected health information is used or disclosed to carry out treatment, payment or health care operations of my child. I understand that Leon County School District is not required to agree to the requested restrictions; however, if the Leon County School District does agree to a requested restriction, the restriction is binding on the Leon County School District.

I have the right to revoke this consent in writing, except to the extent that Leon County Schools has taken action in reliance thereon.

Signature of Parent/Guardian or eligible student

Date