



CARROLLWOOD Day School

Dear Parents,

The Florida School Health Program medication policy is in effect at Carrollwood Day School. This policy is also in effect on school trips. School personnel will not be allowed to administer *any medication* to students unless they have received a medication authorization properly completed and signed by the parent. ***See the attached “Medications – Overnight Field Trips and Domestic/International Travel” form.***

1. Prescription medication **must be** in the prescription container with date, dosage, name of drug, and student’s and healthcare provider’s name clearly marked. Medication must remain in the container in which it was originally dispensed.
2. Physicians do not need to sign the forms ***if the prescription label is on the medication containers***, but please fill out their printed name and telephone number.
3. **Non-prescription** (over-the-counter) medication, supplements, or sample drugs will be dispensed only when accompanied by **written orders from a healthcare provider** and **written parental authorization**. The authorization form now includes a section for the healthcare provider’s authorization. If you don’t have the form with you, healthcare providers may write a prescription with more than one over-the-counter medication listed, to include dosage and necessity for administration. These prescriptions will be attached to the parent authorization form. The parent must provide non-prescription medications and lotions. We do not keep them on hand to dispense to students.
 - a. **For the safety of students (choking hazard), cough drops are discouraged.**

We may already have the necessary forms for medication your child takes during the school day, but **need additional forms if your child takes medication before school and in the evening and it has not been previously authorized on the school’s form.**

In fairness to those giving the medication and to protect the safety of your child, there will be no exceptions to this policy. If you have any questions about the policy, please contact me at the following number: (813) 920-2288.

If your child will not be taking medication during the trip, the form does not need to be completed. We appreciate your support.

If your child should develop a “cold,” allergy, or other illness right before the trip and you feel medication is necessary, please make sure the medication is authorized by a healthcare professional with a prescription and you have completed a parental authorization form.

Overnight field trips are learning experiences and students need to be at top performance. Please consider keeping your child on all medications they normally take during the school day while on our field trips.

Sincerely,
Jacqueline Silvers RN
School Nurse



CARROLLWOOD DAY SCHOOL

MEDICATIONS - OVERNIGHT FIELD TRIPS AND DOMESTIC/INTERNATIONAL TRAVEL

Student: _____ Grade: _____ Date of Birth: _____

MEDICATION MUST BE SENT IN ORIGINAL CONTAINER WITH DOSAGE INSTRUCTIONS.

I hereby as parent/legal guardian of (student) _____ give permission to Carrollwood Day School (CDS) nurse(s) or designated CDS representative(s) to administer the following over-the-counter or prescribed medication during the _____ school year for the overnight field trips and domestic/international travel adhering to the following directions:

Medication	Strength	Dose/Time	Route	Purpose of Medication

MEDICATION ADMINISTRATION RELEASE AND WAIVER

It is understood that medication is administered solely at the request of and as an accommodation to the undersigned parent/guardian.

If after administering medication there is an adverse reaction, I/we give permission to CDS to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I/we agree to be responsible for payment of any and all medical services rendered.

I hereby acknowledge that the information on this form provided for the dispensing of medication for my minor child, ward, or other family member is accurate. By signing this release I hereby authorize CDS to contact the physician, if necessary, to clarify any written order. I/we understand that CDS does not provide any guarantee of medical confidentiality.

I/we understand that CDS cannot assess the need form, or any risks associated with, the administration of any medication. I/we understand that CDS will not be responsible for the student actually swallowing the medication dispensed, for the student running out of medications, or for any adverse reaction to medication. By agreeing to dispense and administer medications, I/we agree that CDS is not undertaking any duty to me or my child to ensure the effectiveness of the medication or whether the medication is appropriate for my child.

I/we recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my/our minor child and that it is impossible to eliminate such risks. Notwithstanding this knowledge, and in consideration of CDS administering medication to my/our minor child, I/we do hereby fully release or discharge CDS and its officers, agents, volunteers, and employees from any and all liabilities and any and all claims from injuries, damages, and losses I/we or my/our minor child may have arising out of, connected with, incidental to, or in any way associated with the dispensing and/or administration of medication or any disclosure relating to medication administered. I/we further agree to indemnify, hold harmless, and defend CDS and its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my/our minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Parent/Legal Guardian Name _____ Phone: _____

Parent/Legal Guardian Name _____ Phone: _____