

MEDICATION PACKET FOR STUDENTS WITH DIABETES

Here is a helpful checklist...

- Schedule an appointment with your child's health care provider/endocrinologist over the summer
- Ask for an updated copy of the **DMMP**-Diabetes Medical Management Plan
- Ask the physician to complete and sign the **Diabetes Self-carry** form—if you want your child to carry his/her own testing supplies and insulin
- Parent: Read and sign the **Medication letter**
- Parent: Complete the **Medical Release** form
- Parent: Read and sign the **Diabetic Medical Management Plan**
- Parent: Read and sign the **Medication Authorization** form
- Bring the DMMP, self-carry form, medication letter and medication authorization form to the clinic along with the requested supplies (see enclosed list) to be stored in the clinic

Note: In accordance with OCPS policy, if a student is found with medication or unauthorized inhalers, epi-pens, supplies, etc., the items will be taken and the parent/guardian will need to come to school to pick up the items.

DISCOVERY MIDDLE SCHOOL
601 WOODBURY ROAD, ORLANDO, FLORIDA 32828
(407)384-1555 FAX: (407) 384-1580

PREVAILING IN EXCELLENCE
PROUD TO BE AN "A" SCHOOL

GLORIA E. FERNANDEZ, ED. D.
PRINCIPAL

Dear Parent/Guardian:

Due to requirements placed on the schools by Florida Statutes Chapter 232.22(2), the following policy regarding medications dispensed at Discovery Middle School must be enforced.

Periodically, parents/guardians and physicians request that the student take medications during school hours. Parent/guardians are encouraged to develop a schedule so that the necessity for taking medications at school will be minimized or eliminated.

All medications shall be delivered to the Health Room with the following information on the pharmacy container for prescription medications and in the factory sealed container for non-prescription medication:

- a. Name and purpose of medication
- b. Time the medication is to be given
- c. Specific instructions on the administration of the medication
- d. Physician name and phone number
- e. Pharmacy name and phone number
- f. Approximate duration of medication, i.e., end of school year/10 days, etc., and possible side effects are to be listed on the Medication Authorization form.

Parents/guardians must bring all medication in the most current labeled container. Parents/guardians will be required to fill out a Medication Authorization form for each medication before medication(s) can be dispensed.

Notes from home will not be accepted as authorization for dispensing medication. This applies to all prescription as well as non-prescription medication.

A medication authorization form must be on file at school for the medication to be dispensed. Any medication brought to school without a Medication Authorization form will be held by the School Nurse/School Health Assistant, and the parent will be contacted. For safety and security reasons, medications must be transported to and from school by a parent/guardian. Do not send medication to school with the child or siblings.

Your cooperation with this policy is greatly appreciated. We know that you can appreciate the necessity of such a policy to assure the safety of our children who are receiving medication in our school.

Thank you,


Principal


School Nurse

Parent Acknowledgement

Student Name (printed)



MEDICAL RELEASE FORM

Dear _____
(Physician)

Phone # _____ Fax # _____

In order to provide health services for: _____, DOB: _____,
it is necessary to obtain a medical history, immunization history, and a health plan including a
list of current medications administered at home/school.

Please forward all documentation to:

Attn: School Nurse

School: OCPS-DISCOVERY MIDDLE SCHOOL

Address: 601 WOODBURY ROAD

ORLANDO, FL 32828

Phone: 407-384-1555 Fax: 407-384-1580

RECORD RELEASE

I hereby give my permission to have any records of my child (health care plans, nursing care
plans, immunization history, medical history, and medications) released to my child's school to
aid school personnel in service him/her.

I give my permission for designated school personnel to contact my child's physician regarding
current/pending health issues.

Parent/Guardian

Date

Home Phone Number

Work Phone

Cell Phone



Teacher : _____ Grade: _____

Authorization for Medications

Prescriptions and Non-Prescriptions

My permission is hereby granted to _____ Discovery Middle School _____

To assist _____ School _____ DOB _____ / _____ / _____
Last First Middle MM/DD/YYYY

NOTE: If the medication is a prescription, ask your pharmacist to prepare two containers, one for school and one for home. **THE VERY FIRST DOSE OF THIS MEDICATION FOR CURRENT CONDITION/ MAY NOT BE GIVEN AT SCHOOL.** Herbal, vitamin and aspirin (salicylic acid) products require a physician's order.

Name of prescription medication (ex. Ritalin, 20 mg.): _____

Name of prescribing physician: _____

Amount to be given/dosage (ex. 10 mg.): _____

Directions for administering (ex. by mouth): _____

Specific Time to be given at school: _____

Authorization: Beginning Date: _____ Ending Date: _____

Reason or health problem: _____

Possible reaction to medication: _____

OVER-THE-COUNTER MEDICATIONS NEEDED LONGER THAN ONE WEEK MUST HAVE REVIEW AND APPROVAL OF THE SCHOOL NURSE AND MAY REQUIRE A PHYSICIAN'S ORDER. OVER-THE-COUNTER MEDICATIONS NEED TO BE DOSAGE SPECIFIC FOR AGE/WEIGHT. Non-prescription medications will only be accepted in the factory sealed original container. It is hereby understood by the undersigned that school personnel are not held liable for the administration of the above medication or for its possible side effects.

Medication is to be brought in its current labeled pharmacy container. For safety and security reasons, medication must be transported to and from school by the parent/guardian. **DO NOT SEND MEDICATIONS TO SCHOOL WITH THE CHILD/SIBLINGS.** Notes from home will not be accepted as authorization for dispensing medication.

Signature of parent/guardian Date _____ / _____ / _____

() _____ () _____ () _____
Home phone Work phone Cell phone / Beeper

Remember to advise the school immediately of changes in the phone numbers, addresses, responsible emergency contact person, doctor, and hospital preference.

