



## DISTRICT SCHOOL BOARD OF PASCO COUNTY

Kurt S. Browning, Superintendent of Schools

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

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Dear Parent/Guardian:

According to District School Board of Pasco County Policy 5335, students who receive medication or health procedures (e.g. Asthma Inhaler, EpiPen, Pancreatic Enzyme Supplement) at school shall provide **annual** parental and healthcare provider authorization for the administration of medications and treatments.

**If your child plans to carry his/her own supplies and/or perform any of the above medical procedures independently and without supervision during the next school year:**

- Please return the *Authorization to Carry and Self Administer Asthma Inhaler, EpiPen, Pancreatic Enzyme Supplement* form (found below) signed by physician, parent and student **on or before the first day of school.**
- Please make sure your child carries all necessary supplies (Inhaler, Epipen, and/or Pancreatic enzyme supplement) at all times.

**If your child may/will require assistance with administration of medication and/or procedures at any time during the next school year:**

- Please return the *Severe Allergy Medical Management Plan* form (available on the district website) completed and signed by physician and parent, **on or before the first day of school.**
- Please return the enclosed *Authorization for Medication Administration* form (available on the district website) completed and signed by parent, **on or before the first day of school.**
- Please provide the school clinic with all necessary supplies. Remember that medication must be brought to school by the parent / guardian (e.g. inhaler, Epipen, etc.).

Please feel free to call your child's School Nurse if you have any questions or would like to discuss your child's health status.

Thank you,

Pasco County School Health Services Program

**AUTHORIZATION TO CARRY AND SELF ADMINISTER  
ASTHMA INHALER, EPI-PEN, AND/OR PANCREATIC ENZYME SUPPLEMENT**

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Parent / Guardian Name (print)

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Name of School

**Name of Medication** \_\_\_\_\_

In order for your child to carry and administer his/her own inhaler/epi-pen/or pancreatic enzyme supplement (PES), you must fully complete and return this form **annually** or your child will not be permitted to carry or administer his/her own medication. This is for the safety of your child and others. This form must be filled out **IN ADDITION** to the parent and licensed prescriber's normal authorization form for administration of medication in school.

**A. To be completed by the Florida licensed healthcare provider:**

\_\_\_\_\_ has been instructed in the proper use of the above-referenced medication(s). In my professional opinion, this student is responsible and able to utilize the medication(s) as directed by me without additional assistance or direction. This student should be allowed to carry and use the above medication(s).

\_\_\_\_\_  
(Licensed Prescriber's Signature)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Date)

**B. To be completed by the parent/legal guardian**

I request that my child \_\_\_\_\_ be permitted to carry and self-administer the above-prescribed medication(s) while in school, participating in school-sponsored activities, or in transit to or from school or school-sponsored activities. My child has been instructed in and understands the purpose, appropriate method, dosage, frequency and use of his/her medication. My child understands that he/she is responsible and accountable for carrying and using his/her medication. My child acknowledges and agrees that the medication is for his/her use alone and that he/she will not share it or otherwise allow it to be used by any other student(s) and that to do otherwise is a violation of the Student Code of Conduct which might subject the student to disciplinary action. My child will immediately notify an employee of the District School Board of Pasco County if another student uses his/her medication, equipment, or supplies. My child will immediately notify an employee of the District School Board of Pasco County if and when he/she has any questions, concerns or adverse side effects. It is understood that if there is irresponsible behavior or a safety risk, *the **privilege*** of carrying his/her medication will be rescinded. I understand and acknowledge that the District School Board of Pasco County assumes no responsibility whatsoever for the maintenance, storage, dosage, replacement if damaged or lost, or administration of the above student's inhaler/epi-pen/or PES. I furthermore agree to indemnify and otherwise hold harmless the District School Board of Pasco County, its employees and volunteers for any and all liability with respect to the student's use of such medication pursuant to s. 1002.20(3)(h),(i) and/or (k).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature