



The School District of Lee County

Medical Information - Before School/After School Program

Student's Name _____ Date of Birth _____

Insurance/Medical Plan and ID # _____

Health Care Provider's Name and Phone _____

Allergies _____

Health Concerns _____

Medication (prescription and over the counter) _____

Will your student need medication or a procedure before or after school? Please circle one: YES NO

If yes, please contact your student's registered school nurse. Parents/guardians are responsible for obtaining and completing the required consent forms, including a health care provider's signature, before any medication can be given or any procedure can be performed. The registered school nurse will train appropriate staff. All medication and procedures will be administered or performed only by staff members trained by the registered school nurse. A school administrator, program supervisor, or trained staff member will contact the parent/guardian directly, or emergency contact if necessary, for any questions or concerns that may arise before or after school hours. **It is the parent/guardian's responsibility to be available by phone during these hours.**

Medication must be in the original container. Prescription medication must have a current pharmacy label. The registered school nurse will need to check the medication and the completed orders before it can be administered. Please **DO NOT** send medication with your student. **Students are not permitted to have medication in their possession at any time, unless a self-carry order is already on file.** If orders are faxed, then the parent/guardian will be notified when they are received.

A school administrator, program supervisor, or staff member will activate emergency services if needed and contact the parent/guardian. Parent/guardian will be responsible for all associated costs.

By signing below, I have read and agree to the above requirements related to medication administration and procedures during the Before School/After School Program.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Name (printed) _____

Parent/Guardian's Phone Number(s) _____

Emergency Contact's Name _____

Emergency Contact's Phone Number(s) _____