

## Authorization for Self-Carry/Administration of Prescribed Pancreatic Enzyme Supplements During and After School Activities

DOD.

Florida Statutes 1002.20 A student who has experienced or is at risk for pancreatic insufficiency or who has been diagnosed as having cystic fibrosis may carry and self-administer a prescribed pancreatic enzyme supplement while in school, participating in school-sponsored activities, or in transit to or from school or school-sponsored activities if the school has been provided with authorization from the student's parent and prescribing practitioner. A school district shall be indemnified by the parent/guardian of a student authorized to use prescribed supplements for any/all liability with respect to the student's use of the supplements. Effective date: July 1, 2010.

Student:	DOB Grade
School:	
Medication:	Dose: Time:
Method of Administration: Oral Diagnosis:	·
Possible Side Effects/Precautions/Recommended In	nterventions:
Duration (dates) of Administration: From:	To: (Limit: One year).
I request that my child be allowed to carry/self-admir its proper storage and use. I take responsibility for the medication must be in the original pharmacy contain my child to follow the above agreement and if s/he danew plan.	this permission. I understand that the ner, labeled with name of student. I will support
Parent/Guardian Date	e Daytime phone number
I have demonstrated the correct use/administration of contract. I will keep medication in agreed location, we come to the Health Room/Clinic if having the following	will not share medication with others, and will
Student	Date
I authorize this student to carry/self-administer the alme and/or my office staff to recognize any abnormal staff.	
Physician's Name/Stamp	Phone Number
Physician's Signature	Date
Extra medication in Health Room Original in	in Clinic/Health Room Copy to Student