



**DIVISION OF ACADEMIC SUPPORT AND FEDERAL PROGRAMS
SCHOOL HEALTH SERVICES**

IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY
2020 - 2021 SCHOOL YEAR

	K	1	2	3	4	5	6	7	8	9	10	11	12
Varicella – 2 doses (chicken pox)	x	x	x	x	x	x	x	x	x	x	x	x	x
Varicella – 1 dose (chicken pox)													x
DPT – 5 doses	x	x	x	x	x	x	x	x	x	x	x	x	x
*Polio – (3-5 doses)	x												
Polio - 4 doses		x	x	x	x	x	x	x	x	x	x	x	x
MMR - 2 doses	x	x	x	x	x	x	x	x	x	x	x	x	x
Hepatitis B – 3 doses	x	x	x	x	x	x	x	x	x	x	x	x	x
Tdap – 1 dose								x	x	x	x	x	x

*The immunization record must show that the student has met the minimum state requirement: *KG - if the 4th dose of polio vaccine is administered prior to the 4th birthday, a 5th dose of polio vaccine is required for entry into kindergarten. The final dose of the polio series should be administered on or after the 4th birthday regardless of the number of previous doses.*

Pre-kindergarten

Varicella (chicken pox) vaccine or date of disease (year) as verified by parent or physician
 3 doses **Hepatitis B**
 4 doses **Hib**
 Up to date for age for **DTaP, Polio, and MMR**

Kindergarten

5 doses **DPT** (diphtheria, pertussis, tetanus)
 3-5 doses ***Polio**
 2 doses **MMR** (measles, mumps, rubella)
 3 doses **Hepatitis B**
 2 doses **Varicella** (Chickenpox) or have had the disease

<u>1st - 12th Grade Students</u>	5 doses DPT (diphtheria, pertussis, tetanus) 4 doses Polio 2 doses MMR (measles, mumps, rubella) 3 doses Hepatitis B 2 doses Varicella (Chickenpox) or have had the disease as verified by a physician 1 dose of Tdap for 7th grade
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GUIDELINES FOR ADMINISTRATION OF MEDICATION

It is recognized that medications may be essential for some students. When possible, all medications should be administered at home. If medication must be given at school, the following procedures are required:

1. All medications given at school must be U.S. Food and Drug Administration (FDA) approved **for the medical diagnosis**.
 - a. Substances not to be given at school are all unregulated products, such as herbs and food supplements, which are being used as treatments, dietary supplements, or folk remedies.
 - b. No IV access will be started, flushed, maintained, or discontinued in any circumstance. No medications will be permitted via central venous catheter or peripheral intravenous central catheters (PICC lines or central lines) including antineoplastic agents, investigational drugs, total parenteral nutrition (TPN), blood or blood products, emergency medications, or antibiotics.
2. **Oral non-prescription (over-the-counter) or sample drugs** will be dispensed only when accompanied by written orders from a physician, APRN, or PA and must be U.S. Food and Drug Administration (FDA) approved for the medical diagnosis. Students may not carry over-the-counter medications at school.
 - a. Medication is always to remain in the container in which it was purchased and must be unopened when received by the school.
 - b. Written parental authorization is needed for all non-prescription drugs.
 - c. Cough drops will be treated as an over-the-counter medication.
 - d. Possession of drugs of any kind may lead to serious disciplinary action.
3. **No prescription narcotic analgesics** are to be dispensed at school. The side effects make it unsafe for students to attend school while medicated with narcotics.
4. A signed statement by the parent/guardian requesting the administration of medication must accompany all medication. The Parent Authorization for Administration of Medication form must be completed before receipt of the medication.
 - a. New authorization forms will be required when any changes with the orders occur.
 - b. All medication/procedure forms must be updated annually.
5. Medication must be sent to school by a parent/guardian.
 - a. It is not safe for children to deliver medicine to the school.
 - b. This policy prevents safety concerns of lost or stolen medicines, students sharing medicines with friends, and students taking medicine unsupervised.
6. Medication must be in the original prescription container with the: 1) name of drug, 2) date prescribed, 3) dosage prescribed, and 4) time of day to be taken, any special directions, with student's and physician, APRN, or PA names clearly marked.
 - a. Medication must remain in the container in which it was originally dispensed.
 - b. Most pharmacies will provide an extra empty labeled bottle for school for parents if requested when the prescription is filled. A separate prescription bottle should be provided for field trips.
 - c. No more than a month's supply of controlled medication may be brought in at a time.
 - d. All new prescription refills must remain in original container with current expiration date.
7. All medications and/or supplies received must be documented with the parent/guardian, employee, and witness on the Medication and Supply Intake Form (SB 87031).
 - a. The amount and date received are to be recorded.
 - b. The parent/guardian is also required to sign Medication and Supply Intake Form when picking up medication/supplies.

GUIDELINES FOR ADMINISTRATION OF MEDICATION (cont.)

8. The parent/guardian should arrange for a separate supply of medication for the school.
 - a. Medication will not be transported between home and school.
 - i. Exceptions by Florida statutes 1002.20(h)(i)(j)(k) *which require a Parent Self Administration Form and a Physician Self Administration Form for:* asthma inhalers, EpiPens, pancreatic enzyme supplements, and diabetes supplies and equipment.
9. When any medications are added or discontinued, a new authorization form is required.
10. When medication dosages or times are changed, a new signed authorization form with the correct information must be completed and a new label from the pharmacist or physician, APRN, or PA order/prescription indicating the change must be sent to the school.
 - a. A fax is acceptable.
11. Medication will be **stored in a locked cabinet** at the school at all times.
 - a. Exceptions by statutes are asthma inhalers, EpiPens, pancreatic enzyme supplements, and diabetic supplies and equipment. Students who self-carry require a Parent Self Administration Form and a Physician Self Administration Form.
12. Since many students receive medication during school hours, a school district employee designated by the principal will administer medication.
 - a. The designated employee will be trained by the Registered Professional School Nurse as permitted by Florida law. This includes HOST, field trips, and when the student is away from school property on official school business.
 - b. The medication container with pharmacy label/supplies and copies of paperwork will be sent with the trained staff member, agency nurse, or HOST staff personnel. All medications must be signed out and recorded on the Field Trip Medication Sign Out Sheet (SB 86900).
 - c. Under no circumstances may medication be transferred from one container to another by anyone other than Registered Pharmacist with the exception of field trips which must be done by the Registered Nurse. Registered Nurses preparing for field trips should choose one of the following options: send medication in original container or transfer to a medication envelope with a copy of the original medication label attached.
13. Liquid medication will be given in a calibrated measuring device **supplied by the parent**.
14. All medications/supplies must be removed from the school premises **within one week of the expiration date**, upon appropriate notification of medication being discontinued, or at the end of the school year.
 - a. Medications/supplies that are unused and unclaimed will be destroyed following proper disposal procedures.
15. Planning and protocols for any medication or treatment which requires a one-time dosage for a specific intent are the responsibility of the Registered Nurse, **ONLY**.
16. Non-medicated sunscreen and insect repellent may be administered without a prescription but a parent/guardian authorization form must be completed.

Florida Statute 1006.062 is the reference for the above guidelines.

Questions regarding these procedures should be directed to the Registered Nurse assigned to the school your child attends or to the office of School Health Services, Division of Academic Support and Federal Programs, 273-7020.

HEALTH HISTORY INFORMATION – School Health

Student: _____ **Student #:** _____ **Grade:** _____ **Date:** _____

Dear Parent/Guardian:

Your child’s school physical and/or Emergency Card indicate that he/she has the following condition(s)

1. _____
2. _____
3. _____

Please provide me with the following information so that I may have a better understanding of your child’s needs while at school.

1. Is your child under the care of a physician for the above condition(s) ___ Yes ___ No
2. Has your child had a problem with this condition in the last year? ___ Yes ___ No
Physician’s Name: _____ Phone #: _____
3. Should your child’s activities at school be restricted in any way? *(Please note that some restrictions may require a physician’s letter of explanation)* ___ Yes ___ No

Please explain: _____

4. Does your child take medication(s) regularly? ___ Yes ___ No
Medication Name: _____ Dosage: _____
Reason for medication: _____

5. What action do you want the school to take when your child is sent to the school clinic for the health problem?

Emergency Contact Number:
Name: _____ Relation: _____ Phone #: _____
Name: _____ Relation: _____ Phone #: _____

6. Please list any other information that might be helpful in caring for your child.

Parent/Guardian Signature: _____ Date: _____

If you wish to speak with me, please call your child’s school and leave a phone number where I can reach you during school hours.

Sincerely, _____ Nurse Beth

**Please turn into your teacher
or fax to the school & attn.: nurse 813-233-3577
or email it back to beth.kenyon@sdhc.k12.fl.us**



Distribution: Nurse
SB 87060 (Rev. May 2017)