Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

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. This is especially true for medications administered less than four times per day. **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, including oils, herbs, food and supplements, which are being used as treatments, dietary supplements, or folk remedies.
   b. No IV access will be started, flushed, maintained, or discontinued at school. 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 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 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 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, opioids or cannabinoids*** 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 and supplies. 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 and from 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 printed.
   a. Medication must remain in the container in which it was originally dispensed.
   b. Most pharmacies will provide an extra empty labeled bottle 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 the original container with the current expiration date.
   e. No medications over 30 days will be administered.

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. Medication must be counted by a parent/guardian. This count will be verified by a school staff.
   b. The amount and date received are to be recorded.
   c. The parent/guardian is also required to sign Medication and Supply Intake Form when picking up medication/supplies.

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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 **always be stored in a locked cabinet at the school**.
    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 must be trained by the Registered Professional School Nurse as required 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 a 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**.
    a. Pill crushers, soft food for mixing, and special drinks **must be provided 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 Statue 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, 273-7020.

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Parental Consent to Release Personally Identifiable Information for Medicaid Reimbursement

Hillsborough County Public Schools wishes to seek reimbursement for certain services provided to your child by accessing Medicaid. We must obtain your written informed consent for the purpose of releasing certain information related to seeking Medicaid reimbursement. Medicaid reimbursement helps the school district fund costs of providing special education, related services and any other services allowable by Medicaid.

Consent given or denied (please read, mark with an X your choice, sign and date at the bottom):

Individual Educational Plan (IEP) Services
The Individuals with Disabilities Education Act of 2004 (IDEA) permits school districts to seek reimbursement from Medicaid for services provided at school (Title 34, section 300.154(d)(2)(iv)(A)-(B), Code of Federal Regulations [CFR]).

Non-IEP Services
School districts are also allowed to seek reimbursement from Medicaid for services provided under the Florida Administrative Code Medicaid rule for school-based services (Rule 59G-4.035).

☐ **I understand and give my consent** to the school district to share information about my child with the State Medicaid Agency (State of Florida Agency for Health Care Administration), its fiscal agent, and the school district's Medicaid billing agent or billing facilitator for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child.

I understand that I may withdraw this consent to release information for Medicaid reimbursement at any time. I understand that if I refuse to give my consent or withdraw this consent, the school district will continue to provide all required services necessary to receive an appropriate education at no charge to my child in accordance with 34CFR § 300.154(d)(2)(v)(D) or other services provided outside of the IEP. If consent is withdrawn, it will become effective on the date of withdrawal and no information will be released after that date.

The records to be released or exchanged may include IEPs, assessment and eligibility records, related service therapy records and logs, transportation logs, progress notes, and nursing reports or records.

The information shared may include my child's name, date of birth, address, primary special education disability (if applicable), Florida Medicaid identification number, Social Security number, and the type and amount of health services provided, including the times and dates services were provided. Services may include assistive communication services, physical therapy services, occupational therapy services, speech therapy services, hearing and language therapy services, behavioral services, transportation services, and nursing services.

☐ **I understand and do NOT give my consent** to the school district to share information about my child in order for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child

Student/Child's Information

Student ID | Full Name (printed) | Date of Birth

Parent/Guardians Information

Name (printed) | Signature | Date

Hillsborough County
PUBLIC SCHOOLS
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MEDICAID
Certified School Match Program
Reimbursement for School-based Services

What is the Florida Medicaid Certified School Match program?

Since 1997, Hillsborough County Public Schools has participated in a federal and state-funded Medicaid reimbursement program. The Florida Medicaid Certified School Match (MCSM) program helps to ensure students with an Individual Educational Program (IEP) receive needed health care (medical, emotional, and transportation-related) services at school.

The program assists school districts by providing partial reimbursement for these medically related services provided to students at school.

In July 2020, current guidelines expanded to include general education students who have a Plan of Care (i.e., Health Care Plan, Behavioral Plan, 504 Plan, etc.) or the need for crisis intervention. Although the partial reimbursement is only available for students who are Medicaid eligible, services are provided to all students with a plan of care regardless of their Medicaid eligibility status.

What types of services does the MCSM program cover?

Counseling	Crisis Intervention	Nursing
Child Outreach Screening	Occupational Therapy	Case Management
Speech/Language Therapy	Physical Therapy	Assessments
Special Education	Transportation	Evaluations Developmental Testing
Orientation & Mobility	Assistive Technology	

Is there a cost to me?

NO – Services are provided to students while at school with NO cost to the parent/guardian.

Will it affect my family's Medicaid benefits?

NO – The program does NOT impact a family's Medicaid services, funds or limits. Because Florida operates the MCSM program differently than the Family-Related Medicaid Coverage plans the school plan does not affect your family's Medicaid benefits in any way.

How does Hillsborough County Public Schools use the reimbursement money received from Medicaid?

The funds received from Medicaid for speech/language therapy, occupational/physical therapy, counseling, nursing services, and psychoeducational evaluations are used to support student services and Exceptional Student Education (ESE) programs.

How can I help ensure my school district receives benefits from the MCSM program?

Federal regulations require that the parent/guardian:

- Be fully informed about the Medicaid Certified School Match program
- Fully understand that consent is voluntary and can be withdrawn at any time.
- Permit Hillsborough County Public Schools to share necessary information to bill for Medicaid eligible services included in your child's IEP, 504 or Plan of Care.
- Your child will receive the services written in your child's IEP, 504, or Plan of Care at Hillsborough County Public Schools expense regardless of your consent to allow us to bill Medicaid. You may revoke consent at any time.

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Consentimiento de los padres para divulgar información de identificación personal para el reembolso de *Medicaid*

Las Escuelas Públicas del Condado de *Hillsborough* desean solicitar el reembolso de ciertos servicios prestados a su hijo mediante accediendo a *Medicaid*. Debemos obtener su consentimiento informado por escrito con el fin de divulgar cierta información relacionada con la búsqueda de reembolso de *Medicaid*. El reembolso de *Medicaid* ayuda al distrito escolar a financiar los costos de proporcionar educación especial, servicios relacionados y cualquier otro servicio permitido por *Medicaid*.

Consentimiento dado o denegado (por favor, lea, marque con una X su selección, firme y escriba la fecha al final):

Servicios del Plan Educativo Individualizado (*IEP*)
La Ley de Educación para Personas con Discapacidades de 2004 (IDEA) permite a los distritos escolares solicitar el reembolso de Medicaid por los servicios prestados en la escuela (Título 34, sección 300.154(d)(2)(iv)(A)-(B), Código de Reglamentos Federales Federal [CFR]).

Servicios no relacionados con el *IEP*
Los distritos escolares también pueden solicitar el reembolso de Medicaid por los servicios prestados en virtud del Código Administrativo de Florida regla de Medicaid para los servicios basados en la escuela (Regla 59G-4.035).

☐ **Yo entiendo y doy mi consentimiento** para que el distrito escolar comparta información sobre mi hijo con la Agencia Estatal de Medicaid (Agencia del Estado de Florida para la Administración del Cuidado de la Salud), su agente fiscal y el agente de facturación de Medicaid del distrito escolar o el facilitador de facturación del distrito escolar para verificar la elegibilidad de Medicaid, buscar el reembolso de Medicaid y satisfacer las solicitudes de auditoría y revisión relacionadas con los servicios prestados a mi hijo.
Yo entiendo que puedo retirar este consentimiento para la divulgación de información para el reembolso de Medicaid en cualquier momento. Yo entiendo que, si me niego a dar mi consentimiento o lo retiro, el distrito escolar continuará proporcionando todos los servicios requeridos necesarios para recibir una educación apropiada sin costo alguno para mi hijo de acuerdo con 34CFR § 300.154(d)(2)(v)(D) u otros servicios proporcionados fuera del IEP. Si se retira el consentimiento, éste se hará efectivo en la fecha de retiro y no se divulgará ninguna información después de esa fecha.

Los expedientes que deben entregarse o intercambiarse pueden incluir los IEP, los expedientes de evaluación y elegibilidad, los expedientes y registros de los servicios afines registros de terapia relacionada, registros de transporte, notas de progreso e informes o registros de enfermería.

La información compartida pueda que incluya el nombre de mi hijo, su fecha de nacimiento, su dirección, su principal discapacidad de educación especial (si corresponde), el número de identificación de *Medicaid* de Florida, el número de Seguro Social y el tipo y la cantidad de servicios de salud brindados, incluyendo las horas y fechas en que se brindaron los servicios de salud prestados, incluyendo las horas y fechas en que se brindaron los servicios. Los servicios pueden incluir servicios de ayuda a la comunicación, servicios de terapia física, servicios de terapia ocupacional, servicios de terapia del habla, servicios de terapia auditiva y del lenguaje, servicios de comportamiento, servicios de transporte y servicios de enfermería.

☐ **Yo entiendo y NO doy mi consentimiento** para que el distrito escolar comparta información sobre mi hijo para el distrito escolar verifique la elegibilidad de Medicaid, busque el reembolso de Medicaid y cumpla con las solicitudes de auditoría y revisión relacionadas con los servicios brindados a mi hijo.

Información del niño(a)/Estudiante

_____	_____	_____
Número del estudiante	Nombre completo (Impreso)	Fecha de nacimiento

Información del padre/tutor

_____	_____	_____
Nombre (Impreso)	Firma	Fecha

Hillsborough County
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MEDICAID
Programa de concordancia de escuelas certificadas
Reembolso de los servicios escolares

¿Qué es el programa de coincidencia de escuelas certificadas por *Medicaid* de Florida?

Desde 1997, las Escuelas Públicas del Condado de *Hillsborough* han participado en un programa de reembolso de *Medicaid* financiado por el gobierno federal y estatal. El programa *Florida Medicaid Certified School Match* (*MCSM*) ayuda a asegurar que los estudiantes con un Plan Educativo Individualizado (IEP) reciban los servicios de salud necesarios (médicos, emocionales y relacionados con el transporte) en la escuela.

El programa ayuda a los distritos escolares mediante el reembolso parcial de estos servicios médicos proporcionados a los estudiantes en la escuela.

En julio de 2020, las directrices actuales se ampliaron para incluir a los estudiantes de educación general que tienen un Plan de Atención (es decir, Plan de Atención Médica, Plan de Comportamiento, Plan 504, etc.) o la necesidad de intervención en crisis. Aunque el reembolso parcial sólo está disponible para los estudiantes que tienen derecho a *Medicaid*, los servicios se prestan a todos los estudiantes con un plan de atención, independientemente de su condición de elegibilidad para *Medicaid*.

¿Qué tipos de servicios cubre el programa *MCSM*?

Consejería	Intervención en caso de crisis	Enfermería
Examen de alcance para niños	Terapia Ocupacional	Manejo de casos
Terapia del habla/lenguaje	Terapia física	Evaluaciones
Educación Especial	Transportación	Evaluaciones de las pruebas de desarrollo
Orientación y movilidad	Tecnología asistencial	

¿Tiene algún costo para mí?

NO - Los servicios son provistos a los estudiantes sin ningún costo al padre/tutor.

¿Afectará a las ventajas de *Medicaid* de mi familia?

NO - El programa NO afecta a los servicios, fondos o límites de *Medicaid* de una familia. Debido a que Florida opera el programa *MCSM* de manera diferente a los planes de cobertura de *Medicaid* relacionados con la familia, el plan escolar no afecta los beneficios de *Medicaid* de su familia de ninguna manera.

¿Cómo utilizan las Escuelas Públicas del Condado de *Hillsborough* el dinero de reembolso recibido de *Medicaid*?

Los fondos recibidos de *Medicaid* para terapia del habla/lenguaje, terapia ocupacional/física asesoramiento, servicios de enfermería y evaluaciones psicoeducativas se utilizan para apoyar los servicios estudiantiles y programas de Educación de Especial (*ESE*).

¿Cómo puedo contribuir a que mi distrito escolar se beneficie del programa MCSM?

La regulación federal requiere que el padre/tutor:

- Estar completamente informados sobre el programa de Concordancia Escolar Certificada de *Medicaid* (*MCSM*).
- Comprender plenamente que el consentimiento es voluntario y puede ser retirado en cualquier momento.
- Permitir que las Escuelas Públicas del Condado de *Hillsborough* compartan la información necesaria para facturar los servicios elegibles para *Medicaid* incluidos en el *IEP*, 504 o Plan de Atención de su hijo.
- Su hijo recibirá los servicios escritos en el *IEP*, 504 o Plan de Atención de su hijo a expensas de las Escuelas Públicas del Condado de *Hillsborough*, <u>independientemente</u> de su consentimiento para permitirnos facturar a *Medicaid*. Usted puede revocar su consentimiento en cualquier momento.

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PARENT/GUARDIAN WITHHOLD/DECLINE CONSENT FOR SCHOOL HEALTH SERVICES
School Year 2023-2024

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO THE SCHOOL NURSE **IN ORDER TO WITHHOLD/DECLINE CONSENT** FOR ANY SPECIFIC HEALTH SERVICE EACH SCHOOL YEAR

- In accordance with Florida House Bill 1557, Parental Rights in Education, each school district, at the beginning of the school year, must notify parents/guardians of each health care service offered at their child's school and provide parents the option to withhold consent or decline any specific service.
- Emergency health needs means onsite evaluation, management, and aid for illness or injury pending the student's return to the classroom or release to a parent, guardian, designated friend, law enforcement officer, or designated health care provider. There is not an option to withhold/decline consent for emergency health needs (F.S. 381.056; F.S. 768.13).
- Parental/Guardian written consent is required every school year for employees to administer prescribed medication, conduct medical procedures and/or medical treatment. Written consent is also required for The Healthy Student Program, vision and dental programs at participating schools, and specific health services i.e., school entry and sports physicals.

Print all information using ink.

Student Information

First Name	Middle Name	Last Name	Student Birth Date	Gender

Street Address	Apartment Number	City	State	Zip Code

Parent/Guardian Information

First Name	Middle Name	Last Name	Relationship to Student (parent or guardian)

Street Address	Apartment Number	City	State	Zip Code

Home Phone Number	Work Phone Number	Cell Phone Number	Email Address	Student ID Number

PARENT/GUARDIAN WITHHOLD/DECLINE CONSENT FOR SCHOOL HEALTH SERVICES
School Year 2023-2024

Please indicate below which services below you are withholding/declining consent.	I withhold/decline the healthcare services marked below
Nurse Assessment	☐
Nutrition Assessment	☐
Health Counseling	☐
Referral and Follow-Up of Suspected and Confirmed Health Problems	☐

***Annual Health Screenings for Grades KG, 1st, 3rd, and 6th**

Parent/guardian of kindergarten, 1st, 3rd, and 6th grade students receive a separate written notification for scheduled health screenings from their school. At that time, parents/guardians will have the option to decline the state mandated health screening.

Parent/Guardian (PRINT)_____

Parent/Guardian (SIGNATURE)_____Date_____

STUDENT'S FIRST & LAST NAME PRINT: _____Date of Birth: _____

(Must be completed annually)

08.22.20223

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

CONSENTIMIENTO DE LOS PADRES/TUTORES PARA RECHAZAR LOS SERVICIOS DE SALUD ESTUDIANTIL

Año escolar 2023-2024

ESTE FORMULARIO **DE NEGARSE A CUALQUIERA DE LOS SERVICIOS DE SALUD ESTUDIANTIL**. DEBE SER COMPLETADO Y FIRMADO POR LOS PADRES TODOS LOS AÑOS Y DEVOLVERLO A LA ENFERMERA ESCOLAR.

- Según el Proyecto de Ley de Florida 1557, sobre los Derechos de los Padres en la Educación, cada distrito escolar, al comienzo de las clases, deberá notificar a los padres/tutores acerca de los servicios de atención de la salud ofrecidos en la escuela de sus hijos y proporcionarles la opción de negarse al consentimiento o rechazar cualquier servicio específico.
- Una necesidad de emergencia de salud significa una evaluación en el sitio, la gestión y ayuda en caso de enfermedad o lesión hasta que el estudiante pueda regresar a clase o a casa con su padre, madre, tutor, amigo designado, oficial de la ley, o proveedor de atención médica designado. No habrá opción para rechazar los servicios de emergencias médicas (FS 381.056); (F.S. 768.13).
- Se requiere un consentimiento por escrito de los padres/tutores cada año escolar, para que los empleados administren, medicamentos recetados, realicen procedimientos o tratamientos médicos. También se requiere consentimiento por escrito para el Programa de Estudiantes Saludables, los programas de visión y dentales en las escuelas participantes, y los servicios de salud específicos, es decir, exámenes físicos para el ingreso a la escuela y a los deportes.

Escriba toda la información en letra de imprenta y con tinta

Información del estudiante

Nombre	Segundo nombre	Apellido	Fecha de nacimiento del estudiante	Género

Domicilio/dirección física	Número de apartamento	Ciudad	Estado	Código postal

Información del padre/madre/tutor

Nombre	Segundo nombre	Apellido	Relación con el estudiante (padre/madre o tutor)

Domicilio/Dirección física	Número de apartamento	Ciudad	Estado	Código postal

Número telefónico de casa	Número telefónico del trabajo	Número del celular	Correo electrónico	Número de estudiante

CONSENTIMIENTO DE LOS PADRES/TUTORES
PARA RECHAZAR LOS SERVICIOS DE SALUD ESTUDIANTIL
Año escolar 2023-2024

Por favor, indique a continuación cuáles de estos servicios usted se niega a que su hijo reciba:	Rechazo los servicios de salud marcados
Evaluación de la enfermera	☐
Evaluación de nutrición	☐
Consejería de la salud	☐
Remisión y seguimiento de presuntos y confirmados problemas de salud	☐

***Exámenes anuales de salud para el Kínder, 1º, 3º y 6º grados**

Los padres de estudiantes en Kínder y en los grados 1º, 3º y 6º recibirán de su escuela, una notificación por escrito para programar las citas para los exámenes de salud. En ese momento, los padres/tutores tendrán la opción de negarse a los exámenes de salud exigidos por el estado.

_____
Nombre del padre/madre/tutor (EN LETRA DE IMPRENTA)

_____ Fecha _____
FIRMA del padre/madre/tutor

_____
NOMBRE Y APELLIDO DEL ESTUDIANTE EN LETRA DE IMPRENTA: Fecha de nacimiento

(Deberá completarse anualmente)