



Florida Department of Health in Miami-Dade School Health Program
Roles and responsibilities: ADD/ADHD

Student: _____ ID# _____ Grade: _____
 DOB: _____ Parent/Guardian: _____
 Teacher(s): _____ School Year _____

Responsibilities and Agreements		
School	Family	Student
Medication and supplies kept: Clinic Main Office Classroom Student Book Bag Other: _____	Provides medication and supplies for school site. Pick-up and replace any expired medication Med Name/Exp Date: _____ Med Name/Exp Date: _____	Report to clinic and take medications at appropriate time
UAP to administer medication(s) per MDCPS trainings (i.e., review action plan, recognize symptoms, and respond): _____ _____	Keep school staff informed of any changes in student condition, medication(s), and updated emergency contact information Any change in the medication regimen requires new medication authorization forms	Communicate needs as appropriate
CPR Certified Staff: _____ _____	Parent or designated adult, as noted on emergency card, to respond to school when called	
Substitute Teacher instructions available in lesson plan	Pick-up any unused medication at the end of the school year	
Assign staff to administer medication on field trips, if applicable		

 Parent/Guardian Signature

 Date

 Principal/School Administration Designee

 Date

 School Nurse

 Date