



**Florida Department of Health in Miami-Dade School Health Program
Roles and responsibilities: Cystic Fibrosis**

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 for school site. Pick-up and replace any expired medication Med Name/Exp Date: _____ Med Name/Exp Date: _____	Report any early signs/symptoms of cystic fibrosis to school staff
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	If applicable, use prescribed medications as directed by the prescribing healthcare provider
CPR Certified Staff: _____ _____	Parent/guardian or designated adult, as noted on the emergency contact card, to respond to school when called	
Administration to contact 911/parent/guardian in case of an emergency	Pick-up any unused medication at the end of the school year	
Cystic Fibrosis Action Plan to be provided to "need to know" staff		
Administration and/or security to direct EMS to the emergency		
Security/Teacher to carry school two-way radio and/or have emergency intercom access		
Assign staff to administer medication on field trips, if applicable		

Parent/Guardian Signature

Date

Principal/School Administration Designee

Date

School Nurse

Date