



Florida Department of Health in Miami-Dade School Health Program
Roles and responsibilities: Impaired Nutrition

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: _____ _____ | Pick-up any unused medication at the end of the school year | |
| Assign staff to administer medication on field trips, if applicable | Parent or designated adult, as noted on the emergency contact card, to respond to school when called | |
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| | | |

 Parent/Guardian Signature

 Date

 Principal/School Administration Designee

 Date

 School Nurse

 Date