

By Senator Dawson-White

30-1280-99

See HB

1 A bill to be entitled
 2 An act relating to school health services;
 3 creating s. 381.0058, F.S.; requiring prior
 4 written consent of a parent or guardian for
 5 treatment of a child with a psychoactive drug
 6 through the school health services program;
 7 specifying the form for such consent and its
 8 contents; requiring that warning, precaution,
 9 adverse reaction, and overdosing information be
 10 provided with the consent form; providing for
 11 cancellation of treatment upon certain notice;
 12 providing an effective date.

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 14 Be It Enacted by the Legislature of the State of Florida:

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 16 Section 1. Section 381.0058, Florida Statutes, is
 17 created to read:

18 381.0058 School health services; required consent for
 19 treatment with psychoactive drugs; form.--

20 (1)(a) Prior to prescribing or otherwise providing any
 21 psychoactive drug to a child through a school health services
 22 program, the mental health or medical professional prescribing
 23 or providing such drug must provide the child's parent or
 24 guardian, and the child if 12 years of age or older, with the
 25 following information:

26 1. All "warning," "precaution," "adverse reactions,"
 27 and "overdosing" information for that drug, as stated in
 28 either the Physician's Desk Reference or the product
 29 literature provided by the drug manufacturer or both.

30 2. A form indicating that consent for treatment may be
 31 revoked by the parent or guardian, at any time, with 1 hour's

1 notice to the mental health or medical professional
2 prescribing or otherwise providing the drug.
3 (b) The information required under paragraph (a) must
4 be provided in written form, in readable language and regular
5 size print, and the consent form may be standardized by the
6 Department of Health in accordance with the requirements of
7 this section.
8 (c) The mental health or medical professional must
9 obtain the written consent of one parent of the child or the
10 child's guardian before providing any treatment, by
11 prescription or otherwise, of the child with a psychoactive
12 drug as provided in this section.
13 (2) For purposes of this section, "psychoactive drug"
14 means any psychotropic, neuroleptic, tricyclic, barbiturate,
15 amphetamine, benzodiazepine, phenothiazine, or methylphenidate
16 drug.
17 (3) The following identification data shall be
18 included on the consent form described in subsection (1):
19 (a) The child's name, sex, date of birth, grade in
20 school, current address, and county of residence.
21 (b) The parent's or guardian's name, address,
22 telephone number, and county of residence and an
23 acknowledgment that the parent or guardian has received and
24 read the form and understands it.
25 (c) The mental health or medical professional's name,
26 the name of the professional's practice, any federal
27 controlled substance registry number applicable to the
28 professional, and the professional's address, telephone
29 number, occupational license number, and county of residence.
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1 (d) The drug name, doses, and strength and the
2 quantity authorized by the prescription or the amount given to
3 the child without prescription.

4 (e) The date of the prescription or, if no
5 prescription was issued, the date that the drug was given to
6 the child.

7 (4) The consent form required by this section shall be
8 in substantially the following form:

10 CONSENT FORM

11 Date:

13 Name of Child:

14 Sex: Date of Birth: School Grade:

15 Current Address:

16 City/State: Zip:

17 County:

19 Name of Parent/Guardian:

20 Address:

21 City/State: Zip:

22 County: Telephone Number:

24 Name of Doctor:

25 Circle One: MD Psychiatrist Other:

26 Name of Practice:

27 Address:

28 City/State: Zip:

29 County: Telephone Number:

30 Occupational License Number:

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1 Name of Drug:
2 Drug Dosage and Strength Prescribed:
3 Quantity of Prescription:
4 Amount Given, If Without Prescription:
5 Federal Controlled Substance Registry Number:
6 Date Prescribed: Date Provided:
7 Date Drug Was Given to the Child:
8
9 Name of School Responsible for Drug Treatment:
10 Address:
11 City/State: Zip:
12 County: Telephone Number:
13
14 I, ...(name)..., attest that I have read the information
15 regarding side effects for the drug my child is being asked to
16 take by school officials or by a mental health or medical
17 professional on behalf of the school. Based on this
18 information, I have signed below to indicate my approval or
19 disapproval. I also understand that I have the right to cancel
20 this treatment of my child, at any time, with 1 hour's notice
21 to the mental health or medical professional whose name
22 appears above.
23
24 ...(signature)... ...(signature)...
25 I approve I disapprove
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27 Section 2. This act shall take effect October 1, 1999.
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HOUSE SUMMARY

Requires prior written consent of a parent or guardian for treatment of a child with a psychoactive drug through the school health services program. Specifies the form for such consent and its contents. Requires that warning, precaution, adverse reaction, and overdosing information be provided with the consent form. Provides for cancellation of treatment upon certain notice. See bill for details.