

Winston County Schools
Health Services
205-489-8697

INFORMATION RE: MEDICATIONS AT SCHOOL

Revised 5-08

Please read carefully. If you have any questions, call your school and ask to speak to the nurse, or call the number above.

- **All medications**, whether Prescription or Over-the Counter, to be administered at school must be brought to the school nurse by parent/guardian.
Medications are not permitted to be transported by students.
- Each medication to be administered at school requires a Parent Authorization form completed and signed by parent/guardian in the presence of the school nurse. This applies to both prescription and Over-the-Counter/non-prescription medications.
- Prescription medications require a Physicians Authorization form, signed by the prescribing physician in addition to the above Parent Authorization.
- For most medications, the school nurse will have you to count the amount of medication being received, as well as sign with her.

- **Over-the-Counter (OTC)** medications must be in an unopened, unexpired original container with all manufacturer's labeling clearly legible.
The student's name must be written on the container.
 - The OTC medication must be age appropriate.
 - If parent/guardian wishes a dose that exceeds the recommended dosage, a physician authorization will be required.
 - Parent/Guardian authorization for **Over-the Counter medications is valid for 2 weeks only.**
The parent has the option of submitting a new form for additional 2 week periods.
 - **Each student must have their own container of medication.**

- **Prescription** medications must be in the original pharmacy labeled container with the specific child's name, current date, physician's name, name of medication, strength, dosage, time interval, route, - and date of drug's discontinuation when appropriate.
Also, ask the pharmacist to provide you with a print-out of possible side effects for the school nurse. (The pharmacist may fax this to the school if he/she prefers.)
 - ALL information on the prescription label must correspond with the information on the Physician/Parent Authorization form
 - If you need to have some medication for school and for other locations (ex: home or babysitter/childcare), ask the pharmacist to provide you with prescription-labeled containers for additional locations.
Remember, the school nurse **MUST** have the medication in an original pharmacy labeled container with the child's name and information as described above! We cannot accept anything else.

- No student is allowed to have medications in their possession at school or on the school bus **except** for inhalers*, epi-pens or other emergency medication (ex: Glucagon) - according to Physician Authorization provided to the school.
These medications also require Parent/Physician Authorization form and original prescription label as described above.
*For inhalers, the pharmacy label is required to be on the inhaler canister.

- If a student is to self-administer chronic condition medication, the regular Parent/Physician Authorization form must be on file with the school nurse.

- We do not administer medications for fever relief or upset stomach (such as Pepto Bismol, etc.).
These conditions may indicate a contagious/infectious process.

- If your child has had vomiting &/or diarrhea in the past 24 hours, please do not send them to school.
It should be at least 24 hours since they last had vomiting &/or diarrhea before returning to school.

- Students should be fever-free (WITHOUT medication) for 24 hours before returning to school.

- The school does not keep **any** medications on hand. (Tylenol, Aspirin, Advil, etc.) to supply for students or staff.

- Sorry, but we do not accept phone permission to administer medications.

- You, as parent/guardian, may come to the school and give your child medication in the nurse's office.

- At the end of the year if there is any unused medication remaining, you will be notified by letter when you can pick it up from the school.
If the medication is **not** picked up by the given date, it will be disposed of. We will not "carry over" any medication to the next year.

Thank you for cooperating with us in providing the best possible care and protection for our students and staff!

I have read & understand the above information re: medications being given at school.

Parent/Guardian signature _____

Date _____

Student's Name _____

Grade _____