



"It Starts With Us."

Mobile County PUBLIC SCHOOLS

P. O. Box 180069 • Mobile, AL 36618 • www.mcpss.com

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MCPSS Policy for Medications at School

The goal of Mobile County Public Schools Health Services Department is to assist students in maintaining an optimal state of wellness, thus enhancing the educational experience. Medication administration is a small but integral part of maintaining student wellness during school hours.

Parent Responsibilities:

- The parent/guardian must provide the ALSDE (Alabama State Department of Education) Prescriber/Parent Authorization (PPA) correctly and completely filled out. This includes all required signatures.
- The parent/guardian must provide the medication in a correctly labeled prescription bottle/container with ALSDE Prescriber/Parent Authorization (PPA).
- If at any time the medication changes during the course of the school year, the parent/guardian must provide a new ALSDE Prescriber/Parent Authorization (PPA) from the prescriber.
- The parent/guardian should provide a list of side effects for the medication.
- The parent/guardian should give the first dose of a new medication at home in case of a possible allergic reaction.
- **ONLY** the parent/guardian or other designated adult (18 and older) may bring the medication to school nurse or designated medication assistant. **Medication should not be sent with the student.**
- The parent/guardian or designated adult (18 or older) will be required to pick up the medication at the end of the school year or it will be destroyed. **Medication cannot remain at the school over the summer break.**
- The parent/guardian may request that students may self-medicate and self-carry **EMERGENCY OR RESCUE MEDICATIONS ONLY** when they have met the criteria for self-medication according to Mobile County Public School's Policy. The School Nurse/Parent/Student will complete the Self-Medication Agreement. **The school nurse reserves the right to deny the privilege to self-carry to any student based on their assessment and individual nursing judgement.**
- Students who have met the criteria for self-medication and have medication on their person should not share medication with other students. All self-carried medication must remain in the original labelled container.
- The parents will make sure that the student knows where the emergency medication is kept and will make sure they bring it to school every day.

School Responsibilities:

- The School Nurse and the Principal shall designate specific personnel to distribute medication at the school in the event that the nurse is not available. These personnel will be required to complete the ALSDE medication class and pass the exit exam.
- The designated personnel will follow the medication policy and refer to the school nurse in the case of ANY questions.



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- The School Nurse/Medication Assistant will refuse to administer medication when there is a discrepancy. (i.e., label different from PPA, label is unclear or torn). This medication will not be administered at school until the discrepancy is cleared up.
- The School Nurse/Medication Assistant will count all controlled substances in front of the parent/guardian at the time they are received. Parent/guardian and School Nurse will be required to sign the back of the Medication Administration Record (MAR).

Student Responsibilities:

- Students may not deliver medications to school. (See above)
- Students may self-medicate **EMERGENCY / RESCUE MEDICATIONS ONLY** when they have met the criteria for self-medication according to Mobile County Public School's Policy.
- Students who have met the criteria for self-medication and have medication on their person should not share medication with other students. All self-carried medication must remain in the original labelled container.
- Students will notify the School Nurse / School personnel at the onset of any distress or allergic reaction. The student will know where the emergency medication is kept and will make sure they bring it to school every day.

Over The Counter Medication:

- Over the counter medication (ex. Ibuprofen, Tylenol, etc.) is permitted.
- Must be accompanied by a Physician signed PPA.
- Must be in a new, unopened container.
- Must have specific instructions for use (ex. 2 every 4-6 hours as needed for pain)
- Parent/Guardian must deliver medication to school as with above meds. Medication should not be sent with student.



ALABAMA STATE DEPARTMENT OF EDUCATION
SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

School Year _____ - _____

STUDENT INFORMATION

Student's Name: _____ School: _____
Date of Birth: _____ Age: _____ Grade: _____ Teacher: _____
_____ No known drug allergies _____ Allergies (please list) _____

PRESCRIBER AUTHORIZATION (To be completed by licensed healthcare provider)

Medication Name: _____ Dosage: _____ Route: _____
Frequency/Time(s) to be given: _____ Start Date: _____ Stop Date: _____
Reason for taking medication: _____
Potential side effects/contraindications/adverse reactions: _____
Treatment order in the event of adverse reaction: _____

SPECIAL INSTRUCTIONS:

Is the medication a controlled substance? Yes No
Is self-medication permitted and recommended? Yes No
• If "yes" I hereby affirm this student has been instructed on the proper self-administration of the prescribed medication.
Do you recommend this medication be kept "on person" by student? Yes No
Cake Icing Gel ONLY FOR Diabetic Student during Bus Transportation? Yes No
Printed Name of Licensed Healthcare Provider: _____ Phone: () _____ - _____ Fax: () _____ - _____
Signature of Licensed Healthcare Provider: _____ Date: _____

PARENT AUTHORIZATION

I authorize the school Nurse, the registered nurse (RN) or licensed practical nurse (LPN), to administer or to delegate to unlicensed school personnel the task of assisting my child in taking the above medication in accordance with the administrative code practice rules. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed.

Prescription Medication must be registered with the School Nurse or Trained Medication Assistant. Prescription medication must be properly labeled with student's name, prescriber's name, name of medication, dosage, time intervals, route of administration and the date of drug's expiration when appropriate.

Over the Counter Medication must be presented to the School Nurse or Trained Medication Assistant. OTCs must be in the original, unopened, and sealed container. **OTC medication may not be kept for more than 2 weeks without written authorization from an authorized licensed healthcare provider.** Local Education Agency Policy for OTC medication must be followed.

Parent's/Guardian's Signature: _____ Date: _____ Phone: _____

SELF-ADMINISTRATION AUTHORIZATION

(To be completed **ONLY** if student is authorized for complete self-care by licensed healthcare provider.)

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the school, and the local board of education against any claims that may arise relating to my child's self-administration of prescribed medication(s).

Parent's/Guardian's Signature: _____ Date: _____ Phone: _____