FIELD TRIP MEDICATION INFORMATION

Medication Drop off

JCHS Clinic: Nurse Amira Watts
and Nurse Miriam Holt

NO meds can be accepted on the day of the trip.
Students can NOT drop off their own meds and forms.
Parent or guardian must meet with the nurse during school hours to do this.

MEDICATION INFORMATION FROM OUR NURSE

James Clemens HS **Nurse Amira Watts and Nurse Miriam Holt** will accept medications in the JCHS Clinic. School hours 7:45-3:45.

We ask you bring them a week prior to the field trip so we can confirm and have everything in order prior to departure.

The Alabama State Department of Education and Madison City Schools have STRICT policies regarding the use of medication at school or on school field trips.

Students are NOT allowed to carry their own medication with them, even over-the-counter meds.

(The ONLY exceptions are rescue inhalers, epipens and insulin.)

If your child will need to take medication on a field trip, you MUST follow the information explained in this presentation.

School Medication Prescriber/ Parent Authorization Form

NOTE: If you print the form, please print to FIT ON ONE sheet of paper.

Fill out ONE form for EACH medication sent.

Here is the Madison City School District website with **updated forms and medication drop off instructions:**

https://www.madisoncity.k12.al.us/Page/1096

https://www.madisoncity.k12.al.us/site/handlers/filedownload.ashx?moduleinstanceid=2073&dataid=18993&FileName=Madison%20City%20Schools%20Medication%20Procedure.pdf

PLEASE NOTE - even "over the counter" drugs like Benadryl or Zyrtec, etc, now require your prescriber (Doctor, CRNP, etc) to fill out a prescriber form for these with their authorized signature and clinic stamp.

(The SELF-ADMINISTRATION AUTHORIZATION section ONLY applies to asthma inhalers, Epi-pens and Insulin/Glucagon. These are the ONLY medications that students are allowed to carry with them.)

SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

STUDENT INFORMATION

Student's Name _____ **Date of Birth** _____

School _____ **Grade** _____ **Teacher** _____ **School Year** _____

List any known drug allergies/reactions _____ **Height (inches)** _____ **Weight (lbs)** _____

PRESCRIBER AUTHORIZATION

Name of Medication _____ **Reason for Taking** _____

Dosage _____ **Route** _____ **Frequency/Time(s) to be given** _____

Begin Medication _____ **Stop Medication** _____
Date **Date**

Special Instructions:

Does medication require refrigeration? Yes ☐ No ☐

Is the medication a controlled substance? Yes ☐ No ☐

Is self-medication permitted and recommended for this student? Yes ☐ No ☐

If yes, do you recommend this medication be kept "on person" by the student? Yes ☐ No ☐

Example Only - Print from website

Potential Side Effects/Contradictions/Adverse Reactions _____

Treatment Order in the event of an adverse reaction: _____
(Attach additional sheet or use the back of this form if necessary)

I hereby affirm that this student has been instructed in the proper self-administration of the prescribed medication (s).

_____	_____	_____	_____
Signature of Prescriber *(please print)*	**Date**	**Phone**	**Fax**

PARENT AUTHORIZATION

I authorize the School Nurse, the registered nurse (RN) or licensed practical nurse (LPN) to delegate to unlicensed school personnel the task of assisting my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the School Nurse to talk with the prescriber or pharmacist should a question come up about the medication.

Medication must be registered with the principal, his/her designee, or the school nurse. It must be in the original, unopened, sealed container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.

_____	_____	_____	_____
Signature of Parent	**Date**	**Phone**	**Cell**

SELF-ADMINISTRATION AUTHORIZATION

I authorize and recommend self-medication by my child for the above medication. *I also affirm that he/she has been instructed in the 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).*

Signature of Parent	**Date**	**Phone**	**Cell**

Prescription (Rx) Medication

- Each Rx medication MUST have a School Medication Prescriber/ Parent Authorization Form filled out and signed by the PHYSICIAN and PARENT.
- The form needs to indicate the time of day the student take this med (morning versus bedtime, or "take Adderall at 1145am").
- Rx meds must be brought in Rx bottle or box with label intact. Label must match the instructions written on the med form.
- Bring ONLY the amount of medication needed for the trip +1 or 2 extra doses. You will count these with the nurse. Large quantities are not allowed. Also please no liquids! It is hard to count and it leaks/spills in the nurse bag onto other bags and meds stored there!
- If you already have a form filled out in the school nurse's office, you do not have to submit another one, but *you MUST notify teacher on the trip so that they can get a copy* from the nurse. (NOTE: ALL dosage times must be written on the Authorization.)

(The quantity of pills that parents hand the nurse will get recorded on a separate medication administration form that we will have the night of med drop off.)

RESCUE MEDICINE

(things needed very quickly in an emergency like albuterol inhaler for an asthma attack or epi pen injection for an anaphylactic reaction)

- Please have your med form (signed by your provider) state that the student can "self carry“ and “self administer” their albuterol or epi-pen. MAKE SURE YOUR TEEN REALLY DOES KNOW HOW TO SELF ADMINISTER THIS.
- In an emergency, the nurse will absolutely get to your child as quickly as possible. Every student is given the nurse’s cell number. However, trips may involve a large college campus where many kids are spread across many different buildings, events at different times, multiple buses, multiple hotel rooms, etc. The nurse cannot be next to each child every second, so it is safer for them to carry rescue medications they would need instantly without delay.

Non-prescription or Over-the-counter (OTC) Medications

- Per District rules for 2024-2025 school year, even OTC meds must have a prescriber signature.
- OTC medications must be in the original UNOPENED packaging. Write your child's name on the bottle/packaging.
- Check expiration dates. We cannot accept expired meds.
- The nurse must follow manufacturer's label recommendations. We cannot give more than the recommended dosage even if you do at home. If this is an issue, a doctor must **prescribe** the higher dosage.
- PLEASE bring TRAVEL SIZES of OTC medications. Blister packs are the most compact. We have to carry meds for ALL students.
- Do not send a medication that your child has never taken before. We cannot give a "first dose" medication due to the possibility of an allergic reaction.
- Every year someone gets a headache and asks for Motrin, etc., but their parent has not given a bottle or form for this. The nurse can not legally "carry extra" to give without parent written permission, nor can the student "share a bottle" that is under their friend's name.

OTC medications to consider:

- Remember that the Medication Authorization Form is required for OTC medications including:
  - Ibuprofen (Advil or Motrin), Tylenol - pain relief
  - Neosporin - cuts, abrasions
  - Dramamine if prone to motion sickness
  - Benadryl, Zyrtec, etc. for allergy
- No forms required for

  Sunscreen, chapstick, contact lens solution

MEDICATION DROP OFF

- ALL medication MUST BE DROPPED OFF by a PARENT/GUARDIAN, not the student.
- Please put all your child's med bottles together (example: their nightly Prozac, their morning Vyvanse and their "as needed" Tylenol) in a Ziplock bag labeled with their name.
- Further questions about these policies, please can contact the JC school nurses at: jchsnurse@madisoncity.k12.al.us

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MEDICATION PICK UP

upon returning to school

When we arrive back at school, the nurse is **legally required** to hand the medicine back to the **parent or legal guardian only** . Unfortunately this means your teen can not get their bottles back without you. We can not release your meds (or even empty bottles) back to your teen, or their friend who is driving them home, or even an older sibling. The same form that the parent signs on med drop off night stating they handed the nurse (for example) 7 pills, must be signed again by the parent stating the nurse handed them back their bottle with (for example) 3 pills remaining. This completes the circle of legal paperwork the school district and state of Alabama require of us. If you do not meet the bus and sign out your child's meds, then you must visit Nurse Amira or Nurse Miriam during normal school hours and sign everything out with her. **After that 48 hour grace period, all unclaimed meds and bottles will be destroyed per policy.**