WINSTON COUNTY SCHOOLS
PROVIDA FUTURI
EST. 1908

Health Services – Medication Procedures

The goal of Winston 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's Responsibility:

- The parent/guardian must provide the ALSDE Prescriber/Parent Authorization Form (PPA) completely filled with all required signatures.
- The parent/guardian must provide the medication in a properly labeled prescription bottle/container with a completed ALSDE Prescriber/Parent Authorization (PPA).
- If at any time the medication changes during the school year, the parent/guardian must notify the school nurse as soon as possible and provide a new ALDSE Prescriber/Parent Authorization Form (PPA) from the prescriber.
- The parent/guardian should not leave more than a 30-day supply of medication at the school.
- 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 medications that are identified as EMERGENCY **OR RESCUE MEDICATIONS.** "Emergency or Rescue" medications must meet the criteria for self-medication according to Winston County School's Policy. The School Nurse/Parent/Student must all complete the Self-Medication Agreement. Students who have met the criteria for self-medication and have medication on their person cannot share medication with other individuals under any circumstance. All self-carried medication must remain in the original labeled container.
- The parent will make sure that the student knows where the emergency medication is kept and will be sure they bring it to school every day.

School's Responsibility:

- The School Nurse and the School Administrator shall designate specific personnel to distribute medication during school functions, in the event the school nurse is not available. These designated personnel will be required to complete the ALDSE medication class and pass the exit exam.
- The designated personnel will follow the medication policy and refer to the school nurse for any clarifications
- 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. Additionally, the parent/guardian and School Nurse will be required to sign the back of the Medication Administration Record (MAR).
- In accordance with State and Local policies, all medications must be kept in a secure, DOUBLE LOCKED cabinet, used exclusively for medications. This cabinet will remain LOCKED except when opened to obtain medications.

Student's Responsibility:

- 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 the Winston County School's Policy.
- Students who have met the criteria for self-medication and have medication on their person, cannot share medication with other individuals under any circumstance. All self-carried medication must remain in the original labeled container.
- Students must notify the School Nurse / School personnel at the onset of any distress or allergic reaction. The student is also responsible for knowing where the emergency medication is kept and ensure approved medication is brought to school each day.

My signature below indicates my understanding and agreement to the above stated procedures and guidelines. Furthermore, I take full responsibility for the adherence to these regulations and agree to work with school staff within these parameters.

_____ _____

Student Name (print): Date:

_____

Student Name (signature):

_____ _____

Parent Name (print): Date:

_____

Parent Name (signature):