



Dear Parent/Guardian of Student Participating in School Sponsored Overnight Events or Sporting Events:

If your student will require medication or medical assistance during this trip, please contact the school nurse to assist with completion of the Prescriber/Parent Authorization Form (PPA) for any medication needs. All medications will remain with the school nurse or trip sponsor/coach along with the PPA forms to be safely stored. For student safety and to comply with school policy, students may not self-carry medications while on school sponsored trips, except for emergency medications with the approval of a physician, parent, and school nurse.

Event or Field Trip attending: _____

Trip Dates: _____

Student's name: _____

Please indicate below if your student will require medication or medical assistance while on the following trip:

_____ No, my student does not require medication or medical assistance during this event.

_____ *Yes, my student does require medication or medical assistance during this event.

_____ I will be attending this event and will administer my student's medication.

*Please list the medication(s) your student requires, or any medical needs your student may require assistance with during the trip: _____

Please refer to the next page for instructions if your student **does** require medication or medical assistance while on the school sponsored overnight trip.

If your student requires medication each morning, please administer the medication prior to arriving at school the morning of departure.

I understand ACS requirements for student participation in overnight field trips and sporting events regarding medication and medical needs.

I will notify nursing and coaching staff of any changes to my student's medical history or medication needs.

ACS's Student Sick Day and Acute Illness Guidelines will be followed while on all overnight trips. Please see Attached Guidelines.

Printed Parent Name

Parent Signature

Students are not permitted to carry any medication during this event, unless pre-approved by the school nurse and meeting ACS policy.

1. Contact School Nurse

Please contact our school nurse as soon as you know your student will require medication or assistance with medical needs during the trip. Due to the time needed to process PPA forms and medication in preparation for the trip, all needs must be known **at least 2 weeks prior to the trip.**

2. Complete Parent/ Prescriber Authorization Form (PPA)

Attached is the Prescriber/Parent Authorizations Form (PPA). **One form must be completed for each medication required during the trip, including over the counter medications (OTC). Both a physician and parent/guardian must sign this form.** Please do not send medications that are not likely to be administered on the trip.

*Please note that ACS does not stock or provide any medications.

3. Bring PPA form and medication to the school nurse.

Parents must bring the completed PPA and medication required for the trip to the school nurse no later than 1 week prior to the departure date. Prescribed medication must be in a pharmacy labeled bottle, with only the amount of medication needed during the trip. All OTC medications must be in an unopened small/travel size container. Each medication requires a separate PPA.

Exceptions will be made if your student currently has a completed a PPA for an emergency medication at the school, please contact the school nurse with questions.

If your student has a medical need that requires assistance while on the trip that the nursing staff may be unaware of, please notify your school nurse so appropriate arrangements can be made.

Please call with any questions or if you need clarification.

Auburn High School Nurse Contact Information:

Krystal Lorton RN 334-728-7091 kllorton@auburnschools.org

Alissa Compton RN 334-728-8390 agcompton@auburnschools.org

Ashley Wiggins RN 334-728-8390 acwiggins@auburnschools.org

Auburn Junior High School Nurse Contact Information:

Cynthia Bolton "Erin" RN 334-728-7097 cefbolton@auburnschools.org

Shannon "Suzanne" Beard RN 334-728-7238 sfbeard@auburnschools.org

***** Please take the PPA form to your physician for completion. If medication is only to be given during the field trip, please ask them to indicate "for field trips only" on the form. The form can be dated to include the current school year from beginning to end to cover any other trips that may arise.**

ACS's Student Sick Day and Acute Illness Guidelines

STUDENT ILLNESSES AND CONDITIONS

Sick Day and Acute Illness Guidelines

School nurses monitor for symptoms of communicable, and/or infectious health conditions. When symptoms exist, your child may not attend school. If symptoms occur in school, you will be contacted, and you must pick your child up from school. Please ensure your contact information is correct and updated as needed. If your child is diagnosed with an infectious illness or has symptoms of an infectious condition at home, you must keep your child home from school. *

The following guidelines must be adhered to:

- Persistent Fever: Oral temperature of 100.0 degrees or higher Cannot attend school until fever free twenty-four (24) hours without fever-reducing medication.
- Vomiting: Cannot attend school if the following exist: One (1) episode of vomiting + the presence of another symptom (fever, diarrhea, etc.); or Two (2) or more episodes of vomiting within a twenty-four-hour (24) period, even if no other symptoms exist.
- Diarrhea: Cannot attend school if the following exist: One (1) episode of diarrhea + the presence of another symptom (vomiting, fever, etc.); or Three (3) or more episodes of diarrhea in a twenty-four-hour (24) period, even if no other symptoms exist.
- "Pink Eye": Should remain home for twenty-four (24) hours after the first dose of prescribed medication is administered.
- Chicken Pox: Cannot attend school until all blisters have formed scabs.
- Strep Throat: Cannot attend school until twenty-four (24) hours after prescribed medical treatment is administered and fever free.
- "Flu" or Flu-like symptoms: Cannot attend until fever free twenty-four (24) hours without fever-reducing medication. You should inform the school nurse if your child has a confirmed diagnosis.
- Impetigo: Cannot attend school until twenty-four (24) hours after prescribed medical treatment has started.
- Ringworm: Cannot attend school until medical treatment has started.
- MRSA: "Staph infection": Cannot attend school until prescribed medical treatment is started, fever is absent, and the affected area is covered and without copious amounts of drainage present.

* You must submit proof of treatment or a statement of clearance from the health department or medical provider if proof is requested by the school nurse.



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: _____