

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 medications 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.

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 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**.

1. 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 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. Minor emergencies such as headaches, stomach aches, minor allergic reactions and injuries will be dealt with on an individual basis if they occur.

ACS does not stock or provide any medications.

1. 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.**

