

Biloxi Public Schools  
**Student Medication Procedure**  
**Biloxi Public Schools Medication Policy**

No student will be allowed to bring medicine to school,  
except for approved asthma inhalers and auto-injectable epinephrine pens.

\* The preference of the Biloxi Public Schools is never to administer a prescription medication to a student;  
but we understand that at times there are emergencies that justify dispensing prescription drugs.

\* Medication prescribed by a licensed doctor/nurse practitioner can be administered to students at school if necessary. No narcotic medication or non FDA approved medications/substitutes will be administered at school. If a student is ill and taking over-the-counter medication, he/she should remain at home, or the parent/guardian may come to the school to give the medication.

\* When a doctor prescribes a medication, the parent should arrange with a doctor for the child to receive the medication at times other than during school hours. If the doctor feels it is necessary for the medication to be given at school, the parent must adhere to the following procedure:

1. No student will be allowed to bring any medicine to school and take it without school office personnel supervision; all medication must be brought to the school by the parent/guardian with one exception, as noted in #5 and #6 below.
2. In the event a medication is brought to the school by a student, the medicine will be immediately confiscated and the student may be referred to the building administrator for disciplinary action, with the exceptions of #5 and #6 below.
3. The parent must bring the medication to the school in the original prescription bottle, which must be labeled as prescribed by law. Only prescription medication will be dispensed at school.
4. The written consent form must be signed by the parent and physician or nurse practitioner and returned to the school before any medication will be dispensed to the child.
5. A student may carry an inhaler for asthma if ordered by their physician or nurse practitioner. Written permission signed by the physician/provider and parent must be documented on the district form, Asthma Action Plan. This form must be returned to the school nurse.
6. A student may carry auto-injectable epinephrine if ordered by their physician or nurse practitioner. Written permission signed by the physician/provider and parent must be documented on the district form, Anaphylaxis Action Plan. This form must be returned to the school nurse.
7. It is the parent/guardian's responsibility to transport medication to the in-school suspension location should his/her child be assigned to in-school suspension as a result of a disciplinary infraction.

- Notes:
- A. All medication dispensed must be done by approved school office personnel with the exception of the self-carry asthma inhalers and self-carry epinephrine pen.
  - B. It is the responsibility of the student taking medication to keep up with his/her medication time.
  - C. It is the responsibility of the parent/guardian to ensure that an adequate supply of medication is available at the school.

## Parent Request For Prescription Drug Dispensation

| Name of Student                       | School | Grade | Teacher | Date |
|---------------------------------------|--------|-------|---------|------|
|                                       |        |       |         |      |
| <b>Name of Medication</b>             |        |       |         |      |
| <b>Specific Dose to Administer</b>    |        |       |         |      |
| <b>Specific Time(s) to Administer</b> |        |       |         |      |
| <b>Date to Administer First Dose</b>  |        |       |         |      |
| <b>Date to End Medication</b>         |        |       |         |      |
| <b>Reason for Medication</b>          |        |       |         |      |

Parent/Guardian Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**Official Approval** \_\_\_\_\_ **Date** \_\_\_\_\_  
**THIS FORM IS TO BE SIGNED BY THE SCHOOL NURSE OR PRINCIPAL AND KEPT ON FILE BY THE NURSE** **(REV. 06/2019)**

# School Medication Prescriber & Parent Authorization

## Student Information

Student's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Year \_\_\_\_\_

List any known Drug Allergies/Reactions \_\_\_\_\_

\_\_\_\_\_ Height \_\_\_\_\_ Weight (lbs) \_\_\_\_\_

## Prescriber Information

Name of medication \_\_\_\_\_ Medical Diagnosis \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency/Time to be given \_\_\_\_\_ Route \_\_\_\_\_

Date to begin medication \_\_\_\_\_ Date to end medication \_\_\_\_\_

### Special Instructions

1. Does medication require refrigeration?  Yes or  No
2. Is the medication a controlled substance?  Yes or  No
3. Is Self-Medication permitted & recommended for this student?  Yes or  No
4. If asthma inhaler or medication is an auto-injectable epinephrine, do you recommend this medication be kept "on person" by the student?  Yes or  No

### Potential Side Effects/Contraindications/Adverse Reactions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Physician Treatment Order in the event of an adverse reaction

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Prescriber**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Fax**

## Parent Authorization

I authorize the School Principal or his designee to assign unlicensed school personnel who has completed the Mississippi Board of Nursing *Assisted Self Administration Curriculum* 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 physician or pharmacist should a question come up about the medication. Field Trip medication is the parent/guardian responsibility.

Medication must be registered by the school nurse. It must be in the original 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 date of expiration. **I understand the medication will be properly disposed of if I do not pick up the remaining amount by the last day of school.**

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_