

# MBHS Medication Policy

3650 Bethune Drive Birmingham, Alabama 35223

HEALTH ROOM NUMBERS: Phone: 205-414-3856 Fax: 205-4143857 Cell: 288-5352

- The parent/guardian of the student shall provide written notification via signed medication authorization form to the school nurse, principal or designee when it is necessary to administer medications to a student during school hours. A signed form for each medication is necessary.
  - A pharmacy labeled container is required for prescription medications. The label is to include:
    - Student name
    - Prescriber name
    - Name of medication and strength
    - Dosage, route, and frequency
    - Discontinuation date if appropriate
  - For all "over the counter" medications, an individual small container with an expiration date that will last till the end of the school year, labeled with the students name. ( We have provided a form on this web site)
  - Sample medication provided from the physician's office must have a prescription label from MD office affixed to it.
- Please contact your child's physician to get them to sign an Alabama Parent/Physician Authorization sheet for your child's prescribed medication. We have provided a form on Health Services web site. As a Mountain Brook City School we are required to be in compliance with state guidelines. If you have any questions, please call or e-mail me.

**Barbie Sanak, RN**  
**Mountain Brook High School Nurse**  
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