



JACKSON COUNTY SCHOOLS

PHONE (304) 372-7300

BOARD OF EDUCATION

OFFICE OF SUPERINTENDENT

FAX (304) 372-7312

P.O. BOX 770, RIPLEY, WEST VIRGINIA 25271

LETTER TO PARENTS REGARDING THE ADMINISTRATION OF MEDICATION

Dear Parents:

In accordance with West Virginia State Board Policy 2422.8, **MEDICATION ADMINISTRATION**, and Jackson County Schools Policy 5330: Administration of Medications, the following procedures have been established for administering medications to students while at school.

- Parents are encouraged to administer medications to students at home whenever possible.
- All prescription **and** non-prescription medications require the parent to provide written information including:
 - a) the name of the medication,
 - b) reason(s) for the medication (if to be given only for specific symptoms),
 - c) the dosage, time, and route it is to be given,
 - d) reconstitution directions, if applicable,
 - e) date of prescription and/or medication expires,
 - f) the duration of time it is to be taken,
 - g) side effects/allergies,
 - h) the signature of the physician/licensed prescriber,
 - i) the signature of the parent or guardian, and
 - j) emergency contact information including parent name, address, phone numbers and at least two telephone numbers other than the parent/guardian in case of emergency.
- Parents may bring the amount of medication needed up to a one-month supply. Medication must be in the original package or pharmacy bottle, with the student's name affixed for over the counter medications. Parents are to leave the medication with the nurse, principal, or approved designee for proper storage and monitoring of administration. The only exceptions to this requirement are students who are authorized to carry medications that require immediate administration such as an epi-pen or inhaler. The physician order must specify that it is to be maintained in the student's possession, and the student must be able to demonstrate that he/she is able to carry/maintain the medication in a responsible manner and use only as prescribed.
- When a student's medical condition requires a change in the medication dosage or schedule, the parent must provide a new written medication authorization form from a licensed prescriber and container, if applicable.
- When medications other than those authorized for self-carry/self-administration are discovered in a pupil's possession, they will be confiscated and the parent contacted to discuss the substance abuse policy and disciplinary action, and to pick up the medication.
- In the event of a medication emergency, the school nurse and/or administrator will be notified to respond and call the physician and/or parent/guardian as necessary.

Please assist the school in ensuring your child's health and safety. If non-prescription medication is to be dispensed at school, please have the physician complete and sign the form (5330 F2) on the reverse of this letter, sign, and return to your child's school. Authorization for Administration of Medication (5330 F1) form (or physician statement with **all** required information listed above) is required for each prescription medication. Please your child's school with questions regarding this policy or to obtain a 5330 F1 form for the administration of prescription medication.

Sincerely,

Blaine Hess, Superintendent