JACKSON COUNTY SCHOOLS
Excellence. Innovation. Success.

BOARD OF EDUCATION • OFFICE OF SUPERINTENDENT
P.O. BOX 770, RIPLEY, WEST VIRGINIA 25271

Request and Authorization to Dispense Prescription and Non-Prescription Medication 2026-2027 SY

Dear Parent/Legal Guardian and Health Care Provider:

- You and your child's prescribing healthcare provider must complete this form in its entirety. Each medication requires its own form to be completed.
- This form is valid for the current school year only.
- A new form is required for any medication, dose, or administration time changes.
- The health assistant must be notified in writing when a medication is to be discontinued.
- All medication must be brought to school by a parent/guardian, or an adult, age 18 and over, who is on the student's emergency contact list.
- Medication brought to school by a student will not be given, and a parent/guardian must come to the school to retrieve the medication.
- Up to a 30-day supply of medication will be stored in the clinic. The adult that brings the medication to school will count the medication with clinic personnel. Medication must be brought to the school during regular school hours. The pharmacy must label medication containers with the student's name, health care provider's name, name of medication, dosage, route (i.e., by mouth), conditions for storage, prescription date, and expiration date. The information on the prescription label must match the healthcare provider-supplied documentation provided on this form.
- Non-prescription medication, in the original packaging, may be administered once authorization from the physician is received. The non-prescription medication must have the student's name affixed to the packaging.
- The nurse will discard empty prescription bottles.
- Medication will not be returned home with students. A parent/guardian or an adult, age 18 and over, who is on the student's emergency contact list, must pick up the medication from the school.
- Medication not picked up by the end of the day on the last day of school will be destroyed. Expired medications will also be destroyed. In the event a medication is discontinued, the medication must be picked up by the parent/guardian within five school days or the medication will be destroyed.
- Personnel administering medication are trained on safe medication administration practices annually. These trained but unlicensed personnel will most likely give medication. A list of trained personnel is on file with the administration.
- Medications can be administered up to 60 minutes prior to or 60 minutes after the scheduled administration time prescribed by the health care provider. Trained staff will make a good-faith effort to administer medication as scheduled. Should your student arrive at the clinic outside of this time period, the dose will not be given. Some families find that a wristwatch with an alarm helps remind students to go to the clinic for their medication.
- Students who are physician authorized to carry medication that requires immediate administration, such as epi-pen or inhaler, may carry the prescribed medication to and from school.
- The parent/guardian should provide any consumables necessary for medication administration (disposable cups, syringes, spoons, applesauce, pudding, snacks, etc.).
- Medication stored in the clinic is only available to students during the regular school day.
- **In the event of a school delay or early dismissal, medications will be given at the prescribed time.**

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Parent/Guardian Authorization to Dispense Non-Prescription Medication

Registered nurses and licensed practical nurses cannot administer non-prescribed OTC medications without an order from a licensed prescriber.

_____ may be administered the following non-prescription
Name of Student

medications/preparations on an "as needed" basis at the discretion of the school nurse:

- ☐ ACETAMINOPHEN _____ mg. every _____ hours for pain or fever up to 100° Fahrenheit. (Parent will be contacted/student sent home for fever higher than 100°.)
- ☐ IBUPROFEN _____ mg. every _____ hours for pain or fever over 100°.
- ☐ TUMS: One or two tablets every _____ hours for an upset stomach WITHOUT fever.
- ☐ HYDROCORTISONE cream or ointment applied to insect bites as needed for itching.
- ☐ ANTIBIOTIC OINTMENT to minor wounds prophylactically after proper cleansing.
- ☐ THROAT LOZENGES as needed for sore throat.
- ☐ COUGH DROPS for simple cough NOT ACCOMPANIED BY FEVER OR RESPIRATORY DISTRESS.
- ☐ COUGH SYRUP _____ teaspoons every _____ hours for a simple cough NOT ACCOMPANIED BY FEVER OR RESPIRATORY DISTRESS.
- ☐ BENADRYL _____ mg. every _____ hours for itching.
- ☐ ALLERGY MEDICINE (specify:_____) _____ mg. every _____ hours for nasal stuffiness NOT ACCOMPANIED BY FEVER OR RESPIRATORY DISTRESS.
- ☐ CALADRYL or calamine lotion topically as needed for itching.
- ☐ SUNSCREEN topically as needed to prevent sunburn.

Please list any other prescribed or non-prescription medications that are used by this student:

_____

NOTE: ALL medications must be provided by the parent. Medication must be in the original package. Medication must be left with the principal, school nurse, or approved designee for proper storage and administration monitoring. The school nurse may contact the parent/guardian or licensed health care provider to clarify medication questions.

_____ _____

Physician Signature Date Printed Name of Doctor

_____ _____

Physician Phone Number Parent Signature Date

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Parent/Guardian Authorization to Dispense Non-Prescription Medication
2026-2027 SY

School: _____ FORM RECEIVED AND REVIEWED BY SCHOOL NURSE: _____DATE: _____

STUDENT INFORMATION

STUDENT NAME: _____
LAST FIRST MIDDLE

BIRTH DATE: _____ HOMEROOM TEACHER: _____ GRADE: _____

MEDICATION ALLERGIES: _____

PHYSICIAN- This section of the Medication Form is to be filled out by a licensed prescriber.

ONE FORM FOR EACH MEDICATION

Medication orders are valid for the current school year including any summer school programs or extended school year programs. If there are any changes in medication, dosage, time, or route, a new medication order must be received before the medication can be administered by school personnel. By signing this form, the licensed prescriber is authorizing that this medication may be given at school.

Medication: _____

DIAGNOSIS: _____ DIAGNOSIS CODE: _____

DOSE: _____ TIME: _____ ROUTE: _____

INTENDED EFFECT OF MEDICATION: _____

POTENTIAL SIDE EFFECTS FOR THIS MEDICATION: _____

MAY THIS BE ADMINISTERED BY TRAINED UNLICENSED PERSONNEL? _____YES _____ NO

FOR EMERGENCY SEIZURE MEDICATION MAY THE STUDENT RIDE A BUS WITHOUT THE MEDICATION? _____YES _____ NO

MAY THE STUDENT SELF-ADMINISTER THEIR EMERGENCY MEDICATION PER COUNTY POLICY? _____YES _____ NO

MAY THE STUDENT CARRY THEIR EMERGENCY MEDICATION ON THEM PER COUNTY POLICY? _____YES _____ NO

NAME and TITLE OF LICENSED PRESCRIBER: (PRINT) _____

ADDRESS: _____CITY/STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

SIGNATURE OF LICENSED PRESCRIBER: _____ DATE: _____

GUARDIAN AUTHORIZATION

I UNDERSTAND THE FOLLOWING:

- MEDICATION MUST BE BROUGHT BY AN ADULT TO THE SCHOOL IN THE ORIGINAL CONTAINER AND PROPERLY LABELED WITH THE CHILD'S NAME.
- THE LICENSED PRESCRIBER MAY BE CONTACTED CONCERNING THE MEDICATION ORDER FOR REASONS INCLUDING, BUT NOT LIMITED TO CLARIFICATION, EFFECTIVENESS, ADMINISTRATION TIME, DOSAGE, DISCONTINUATION, OR NEW MEDICATION ORDER.
- MEDICATION ADMINISTRATION AND PROCEDURES MAY BE DELEGATED TO SCHOOL PERSONNEL WHO HAVE BEEN TRAINED BY AND REMAIN UNDER DIRECT OR INDIRECT SUPERVISION OF THE SCHOOL NURSE.
- A PHOTOGRAPH OF MY CHILD MAY BE TAKEN TO ASSIST IN THE CORRECT ADMINISTRATION OF MY CHILD'S MEDICATION.
- INFORMATION MAY BE SHARED WITH APPROPRIATE SCHOOL PERSONNEL TO INSURE THE SAFETY OF MY STUDENT.
- IT IS THE PARENT/GUARDIAN RESPONSIBILTIY TO REPLENISH LONG-TERM AND EMERGENCY MEDICATION AS NEEDED AND RETRIEVE UNUSED OR EXPIRED MEDICATION FROM THE SCHOOL.

I hereby give permission for my child to receive medication at school per JACKSON COUNTY SCHOOLS MEDICATION POLICY and as ordered by my child's licensed prescriber. I have read and understand that JACKSON COUNTY BOARD OF EDUCATION and its employees are exempt from liability, except for willful and wanton conduct.

GUARDIAN SIGNATURE: _____ DATE: _____

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