



WILLIAMSBURG-JAMES CITY COUNTY PUBLIC SCHOOLS
HEALTH SERVICES

Parent Information Sheet
Medication Procedures

“Medication” means any drug or substance used to treat disease, heal, relieve symptoms or alleviate pain. Medication may either be ordered by a health care provider or purchased over-the-counter (including nutritional supplements). We discourage administration of medication during school hours and request, whenever possible, medication doses be scheduled other than school hours. We recognize that this may not always be possible and will cooperate in administration of medication that must be given during school hours with the following understanding:

- ALL medication must be ordered by a health care provider. Medication can only be dispensed as written by the prescriber.
- Medication is brought to school by the parent/guardian in its original container stating the dosage and method of administration as advised or prescribed by the legally authorized prescriber. Secondary school students may bring medication to school in its original container provided it is delivered to the school nurse at the beginning of the school day.
- Elementary students may not bring medications to school under any circumstances.
- Parents/guardian and prescribers must complete and sign form - H. S. #3-1 - granting the school nurse permission to administer the medication and to contact the health care provider as needed.
- Exceptions may be granted regarding possession and self-administration of inhaled asthma medications by asthmatic students or auto-injectable epinephrine by students with anaphylaxis. Written consent of the parent/guardian is required and must include permission to self-administer these medications. In addition to the above documentation, additional written documentation must be provided by the student’s health care provider that includes verification of the student’s diagnosis requiring the medication(s) and a statement attesting to the student’s demonstrated ability to safely and effectively self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be. (Obtain Health Services Form # H. S. 3-7 from clinic)
- Certain medications will require a parent/guardian/witness signature with each refill after a count is conducted by the school nurse and/or designee and parent/guardian/witness at the time brought to school.
- It is the parent responsibility to provide refills on monthly medications. Refill reminders may be made by school nurse or designee as necessary.
- Medication must be picked up by parents/guardian at the end of each school year. Medication not picked up by parent/guardian at the end of the school year will be destroyed.

Medication(s) Name

Medication Expiration Date



WJCC Public Schools Medication Authorization

(Use a separate authorization form for each medication)

Part I Parent/Guardian Consent

School Year

I hereby request WJCC Public Schools personnel to administer medication as directed by this authorization. I agree to furnish said medication in the ORIGINAL container supplied by the pharmacy with the label intact. I understand the WJCC Public Schools Medication Administration Protocol and Policy and accept that the WJCC Public School Board, its employees, agents or designees are not responsible for any effects of the medication administration. By signing below, I authorize a representative of the school to share information regarding this medication with the licensed prescriber.

Student Last Name: _____ First Name: _____ M.I. _____

Teacher: _____ Grade: _____ DOB: _____

Check Where Appropriate:

- I request that the school nurse/designee send appropriate dose(s) of the prescribed medication on field trips to be given by my child's teacher or designee.
- My child has permission to carry/self-administer inhaled asthma medication. I have provided the school with appropriate documentation from my child's health care provider. See Form # H. S. 3-7
- My child has permission to carry/self-administer auto-injectable epinephrine. I have provided the school with appropriate documentation from my child's health care provider. See Form # H. S. 3-7

Parent/Guardian Signature

Daytime Phone

Date

Part II Prescriber Must Complete and Sign for all Medications

WJCC Public Schools discourage the use of medication by students in school during the school day. Any necessary medication that possibly can be taken before or after school should be so prescribed. School personnel will, when absolutely necessary, administer medication during the school day and while participating on field trips with parent permission.

Diagnosis: _____

Name of medication: _____ Dose: _____

Time(s) to be given at school per prescription (please check each that apply): Daily @ _____

PRN if morning dose is not given/taken at home and missed dose confirmed by parent

PRN for _____ every _____

Effective Date: Current School Year OR From _____ To _____

Allergies: _____

Prescriber Signature _____ **Name (Print)** _____

Telephone _____ **Fax** _____ **Date** _____