



# WEST CLERMONT LOCAL SCHOOL DISTRICT

Natasha Adams, Superintendent  
Heather Burns, District Supervising Nurse

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Dear Parent/Guardian,

With the continued guidance from state and local health departments many of the practices we have followed for years have had to be reevaluated to comply with state orders for the health and safety of our students and community members. We have greatly appreciated your patience and understanding at this time.

The process of student medication drop off, pick-up and destruction is one of the responsibilities recently evaluated and modified by our district. This process, which follows the West Clermont Medication Policy 5330, has in years past consisted of all medications undergoing a sign in/sign out procedure that includes the counting of medications with the parent/guardian/adult with our school health assistant or nurse. This practice, which prohibits students from directly transporting any medication to school, is in place for the health and safety of our students and staff.

Due to the current Covid-19 conditions and orders, West Clermont has opted to make adjustments to the above mentioned process for the 2020/2021 school year. Parents should contact their child's school health clinic to set up a time for medication drop off. Parents will count all medications being brought in and fill out this form and sign. The health assistant/nurse will then meet the parent at the front entrance of the school to retrieve medications, medical authorization forms, and this form completely filled out. Medications will be inventoried by our clinic staff, with counts being performed in the presence of a witness and recorded for our records.

This document serves as your individual record of acknowledgement of medication amount issued to West Clermont School District. If you have any further questions or concerns, please contact our District Nurse, Heather Burns, via email at [burns\\_h@my.westcler.org](mailto:burns_h@my.westcler.org) or phone at 513-943-3862.

Student Name: \_\_\_\_\_

Medication: \_\_\_\_\_

# of Tablets: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School Health Assistant/Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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*Our mission is to provide a safe, clean, and comfortable learning environment to support students and staff to ensure academic excellence, and provide a high level of service to the community.*