

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION FORM**

AUTHORIZATION TO GIVE MEDICATION

9020.01F

Relates to: Policy 9020, 9020.01AR, 9020.01F, 9020.02F, 9020.03F, 9020.04F

Parent/Guardian/Custodian:

We must have this form signed giving permission for us to administer any type of medication to your child.

PRESCRIPTION MEDICATION

Parent/Guardian must bring the prescription to the school in a current, original, pharmacy-labeled container. This container must have student's name, name of drug, dosage, and time of administration. All prescription medicine will be counted upon receipt with parent/guardian and school personnel.

NON-PRESCRIPTION MEDICATION

Parent/Guardian must bring non-prescription medication to the school in a small, unopened, manufacturer's container. Over the counter medication can only be administered according to manufacturer's dosage directions unless documented otherwise by physician. Each time the student requests "as needed" medication that the parent has provided, school personnel must notify parent/guardian the student is requesting medication. If parent cannot be reached, school staff will not administer.

**Students are not permitted to bring medication into the school, or transport medication on the bus.
Parent/Guardian must pick-up unused medication.**

Name of Child _____ DOB _____ Grade _____

ALLERGIES: _____

For Prescription Medicines: Prescribing Doctor _____ Phone _____

1. Name of medication as stated on bottle: _____

2. Medication is used to treat what condition? _____

3. Dosage (how much): _____ Strength (mg): _____ Time to be Given: _____

If a prescription daily medication, the dose and exact time to be given must correspond with the physician's instructions

4. List any other medication that your child is taking at this time: _____

5. Number of pills brought to school at initial sign in (*IF PRESCRIPTION*): _____

Parent/Guardian Initials: _____ OCBE Staff Verification Signature: _____

I hereby authorize school personnel to administer medicine to my child and release the school, the Oldham County Board of Education and its employees from any liability that may occur from the administering of this medication according to the instructions on this form.

Parent/Guardian hereby gives consent to the Oldham County Board of Education and its employees and for the child's physicians to discuss his or her medical condition or medication administration referenced above with school or district personnel to assist them in planning for my child's care while at school or school events.

Parent/Guardian Phone Number: (C) _____ (W) _____

Parent/Guardian/Custodian Signature

Date