

Fleming County Schools

Administration of Over the Counter Medication Permission Form

Dear Parent/Guardian:

In order for school personnel to administer over the counter medication to your child at school, we must have on file a signed affidavit giving your permission to administer the medication. All over the counter medications are kept in the nurse's station in the original labeled container with a label affixed to the bottle. Your student's name will be placed on the bottle and the directions for usage must not exceed the recommended dose without a physician signature. Siblings may share an over the counter medication bottle if they attend the same school. **An initial dose of a medication cannot be administered at school.** This form is only good for one school year only.

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

Students Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. OTC Medication Name: \_\_\_\_\_ Number of pills: \_\_\_\_\_

Dose: \_\_\_\_\_

Directions: \_\_\_\_\_

Reason(s) medication is to be given: \_\_\_\_\_

\_\_\_\_\_

2. OTC Medication Name: \_\_\_\_\_ Number of pills: \_\_\_\_\_

Dose: \_\_\_\_\_

Directions: \_\_\_\_\_

Reason(s) medication is to be given: \_\_\_\_\_

\_\_\_\_\_

3. OTC Medication Name: \_\_\_\_\_ Number of pills: \_\_\_\_\_

Dose: \_\_\_\_\_

Directions: \_\_\_\_\_

Reason(s) medication is to be given: \_\_\_\_\_

\_\_\_\_\_

During school hours, I understand teachers, para educators, , or other unlicensed trained personnel may be administering these medications according to the specified parental request and instruction, by district policy. The supervising nurse is available for consultation at all times.

I give permission for the storage and administration of the above listed OTC medication by trained school personnel accompanying my student on a field trip or school related function in Kentucky and/or other states. In the case of field trips or school related functions, slight adaptations to the time the medication is administered may also be necessary.

Unless indicated otherwise, a student may self-administer medication with school trained personnel supervision while on a field trip.

Signing of this form shall release the Fleming County School System and staff members from any liability of any nature that might result from the administration of medication to the student.

\_\_\_\_\_  
Signature of Parent/Guardian

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