

Fleming County Schools
Administration of Prescribed Medication Permission Form

Dear Parent/Guardian,

If prescription medication administration is required during the school day, **this form must be completed and signed by the physician and parent/guardian**. In order for school personnel to administer prescription medication to your child at school we must have on file a signed affidavit giving your permission to administer the medication. All prescribed medications are kept in a locked cabinet in the nurse's station. For prescription medication, your student's name must be on an originally labeled pharmacy bottle and must match the directions on this form. **An initial dose of a medication cannot be administered at school.** This form is only good for one school year only.

Students Name: _____ Date of Birth: _____

Medication Name: _____ Number of pills: _____

Dose: _____

Directions: _____

Diagnosis: _____

Medication Name: _____ Number of pills: _____

Dose: _____

Directions: _____

Diagnosis: _____

Physician/Authorized Provider Signature

Date

****Parent/Guardian Authorization for Self Carry/Self Administration ONLY****

Pursuant to KRS 158.834 and KRS 158.836 Fleming County Board of Education policy permits a responsible, trained student to carry and/or self-administration medication for asthma (inhaler), severe allergic reaction (Epi-pen), seizures (Diasat) or diabetes (Glucagon) on his/her person for immediate use in a life threatening situation with a written parent request. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent as soon as possible in this event. A new form is required for any changes in medication orders.

This student has been instructed on self-administration of this medication: to be completed for asthmatic, diabetic, or anaphylaxis **ONLY** Supervision required Supervision not required

This student may carry this medication: No Yes

Physician/Authorized Provider Signature

Date

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. The student has the ultimate responsibility of reporting daily for their medication. No prescription medications will be sent home with students.

I give permission for the storage and administration of this 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, 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.

Parent/Guardian Signature

Relationship

Date

Home Phone

Cell phone

Work Phone