

Oldham County Schools
Authorization For Administration Of Stock Over the Counter (OTC) Medication

Beginning this school year, Oldham County Schools will offer a selection of over-the-counter (OTC) medications for students who may need them during the school day. These medications will be available at no cost to families, but require your permission to be administered.

With your consent, trained school staff—including the school nurse—may provide your child with age-appropriate doses of the following OTC medications for minor health concerns such as headaches, allergies, or minor injuries.

Stocked OTC Medications

The following medications may be administered based on manufacturer instructions and school protocols:

1. **Acetaminophen** (e.g., Tylenol) – For pain relief
2. **Ibuprofen** (e.g., Advil, Motrin) – For pain relief or inflammation
3. **Antihistamine** (e.g., Benadryl) – For insect stings, rashes, eczema, hives, or allergy symptoms
4. **Cough Drops or Lozenges** – For sore throat or cough relief
5. **Topical Antibiotic Ointment** (e.g., Triple Antibiotic, Neomycin free) – For minor cuts or scrapes.
6. **Sting Relief/Anti Itch Cream** (e.g., Diphenhydramine Cream, Calamine lotion) – For minor skin irritations
7. **Aloe Vera Gel** - For temporary relief of sunburn, windburn, or mild skin irritation
8. **Menstrual Pain Relief** (e.g. Midol) - Temporary relief of menstrual symptoms
9. **Eye Wash** (e.g., Saline Solution) - For relief of minor eye irritation or dryness
10. **Antacid** (e.g., Tums) - For temporary relief of stomach upset, heartburn, sour stomach, acid indigestion

All medications are stored and maintained by the school and authorized under standing medical orders from a board-certified healthcare provider.

Notification Policy

You will be contacted by phone before any OTC medication is given to your child, unless immediate treatment is necessary (e.g., a severe allergic reaction). In those cases, you will be contacted as soon as possible afterward. All medication administrations are documented and kept on record at the school.

Parent/Guardian Consent

By signing below, you are authorizing trained school staff to administer the approved OTC medications to your child when needed. Please note:

- Medications will be given in accordance with age guidelines.
- You may revoke your permission at any time by notifying the school in writing.
- Please inform the school of any allergies, medical conditions, or current medications your child is taking that may impact OTC use.
- This consent is only valid for the current school year.

Student Information

Student Name: _____ Grade: _____

Parent/Guardian Consent

I give consent for my child to receive the listed stock OTC medications as needed, with prior notification as outlined above.

I do not give consent for my child to receive any stock OTC medications at school.

** If you do not give consent for stock medications and prefer to provide your own, a separate medication form with physician's orders will be required before any medication can be administered at school.*

Parent/Guardian Signature: _____ Date: _____