

Oldham County Schools

Authorization For Administration of Stock Over the Counter (OTC) Medication

Oldham County Schools offers 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.

Please note- if a medication is needed as part of a chronic/acute short-term condition, the parent/guardian will be responsible to provide medication. Stock meds are not meant for this purpose.
Internal OTC medication will not be administered more than 3 consecutive days without a physician's order.

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, Zyrtec) – For insect stings, rashes, eczema, hives, or allergy symptoms
4. **Cough Drops or Lozenges** – For sore throat or cough relief
5. **Sting Relief/Anti Itch Cream** (e.g., Cortizone-10) – For minor skin irritations
6. **Burn Cream-** (e.g. Benzalkonium Chloride .13%/ Lidocaine HCL .5%)- For minor burns
7. **Menstrual Pain Relief** (e.g. Midol) - Temporary relief of menstrual symptoms
8. **Eye Wash** (e.g., Saline Solution) - For relief of minor eye irritation or dryness

All medications are stored and maintained by the school and authorized with 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 administered will be 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.

☐ **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.*

Student Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____