

KENTON COUNTY SCHOOL DISTRICT

SCHOOL _____ **PHONE** _____ **FAX** _____

For any questions related to this form, please contact the school nurse at the above number.

ADMINISTRATION OF MEDICATION

Dear Parent,

If your child requires medication, please try to schedule it before or after school hours, if possible. If the medication must be given during the school day, whether it is prescription or non-prescription, we must have this form completed and signed by your child's physician. As parent/guardian, your signature is also required.

All medications are kept in the first aid room or the main office and must be in the original container with label affixed. If it is a prescription medicine, the child's name must be on the label.

The purpose of these procedures is to make sure that your child gets the proper medication and dosage and that the school personnel responsible for its administration, can do it safely and know the expected reactions to this medicine.

This form may be faxed to the school by your doctor to the number listed above.

The duration of this form is for one school year.

DATE: _____

STUDENT'S NAME: _____

DIAGNOSIS OR CONDITION BEING TREATED: _____

NAME OF MEDICATION: _____

DOSAGE: _____

TIME ADMINISTERED: Lunch _____ or _____

POSSIBLE SIDE EFFECTS OR REACTIONS: _____

During school hours, I understand that teachers, assistants, nurses or other trained school personnel may be administering these medications according to the specified physician's order.

Schools have established individual procedures for where and when the students receive their daily medicines and the student has the ultimate responsibility of reporting daily for their medication.

No medications will be sent home with students. Parents or guardians must pick up all unused or discontinued medications from the school or they will be discarded.

I also give permission for the administration of this medication by trained school personnel accompanying my child 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 that the medication is administered may also be necessary.

I hereby release the Kenton County Board of Education and its employees from any claims or liability connected with it's reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance.

Parent's Signature

Parent's Phone

Date

Physician's Signature

Physician's Phone

Date

Physician's Address