**Jefferson County Public Schools (JCPS)**
**2009-2010**

# Authorization to Give Over the Counter Medication

Dear Parent/Guardian:

This form is regarding over the counter medications given during the school day. All **medication should be given at home when possible.** However, if given at school, the medication will most likely be administered by trained, unlicensed JCPS personnel. In order for school personnel to administer any type of medication to your child, we **must have this signed and notarized authorization form on file**. Also, **for over the counter medication to be given a healthcare provider's signature is required.** As a reminder, the first dose of any new medication should not be given at school. Also, before sending any medication(s) to school, please read and follow the directions below.

- **All** information below must be completed and notarized before returning it to school.
- A separate **Authorization to Give Over the Counter Medication Form** must be completed for each medication to be given at school.
- The medication must be sent to school in the **original labeled container**.
- If you cannot personally bring the medication to school, it must be sent in a sealed envelope with the student's name written on the outside, and follow-up with a call to the school office staff to inform them your child is bringing their medication.
- At the end of the school year you will be requested to pick up any unused medication. If medication is not picked up as requested, medication will be appropriately disposed of by school staff and/or district nurses and a witness.
- Medication may be given 30 minutes before to 30 minutes after the time medication is due to be given.
- If a medication is stopped prior to the stop medication date indicated on this form, you must send a note to the school informing them.
- This form(s) expire(s) at the end of the school year; however, when medication, or times, or dosages change, you will be required to complete a new **Authorization to Give Over the Counter Medication Form.**

Sincerely,

Principal

---

Student: _____ Date of Birth: _____
School: _____ School Year: _____
**I hereby request Jefferson County Public Schools personnel to give the above named student medication that has been prescribed by _____(Print Provider Name) **_____(Provider's Signature).**
Healthcare provider's telephone no.: _____ Fax no. _____
Healthcare provider's address: _____
Date of last office visit: _____
Date to start medication: _____ Date to stop medication: _____
Reason medication is needed: _____
Reactions/side effects: _____

***Instructions for giving my child this medication:***

1. Name of medication: _____
2. Dosage to be given: _____
3. Time of day for dosage: _____
4. Route of administration (e.g., mouth, nose, eyes, ears):_____
5. Special instructions (e.g., take on empty stomach): _____

---

**Note: Health Care Provider must sign and signature of parent/guardian must be notarized.**
**********

I hereby acknowledge that if this medication is not self-administered, it will most likely be administered by trained, unlicensed JCPS personnel. By signing this form, the parent/guardian acknowledges that the Jefferson County Board of Education, its employees and agents shall incur no liability as a result of any injury sustained by the student from any reaction to any medication, unless the injury is the result of negligence or misconduct on behalf of the school or its employees. The parent/guardian shall hold harmless the school and its employees against any claims made for any reaction to any medication or the administration of such medication unless the reaction is due to negligence or misconduct on behalf of the school or its employees. Also, I hereby give permission for the health care provider completing and signing this form to verify this information with JCPS and to consult with JCPS staff regarding this information.

| _____ | _____ | _____ | _____ | _____ |
|---|---|---|---|---|
| **Signature of Parent/Guardian** | **Telephone** | **Cell Phone** | **Father/Guardian (Work)** | **Mother/Guardian (Work)** |

**Emergency Contact**_____ **Relationship**_____ **Telephone**_____

*Notary Section: Subscribed and sworn to before me this _____ day of _____, 20_____*

_____, *Jefferson County, KY* _____
*Signature, Notary Public* *Date Commission Expires*

**Final revision 4/15/09**