

**Consent and Release for Administration of  
Prescription and Non-Prescription Medication  
BROUGHT FROM HOME be Administered at School**  
Academic School Year: \_\_\_\_\_

For your child's safety, Owensboro Catholic Schools and School Health Services mandate the following summary of procedures to be followed regarding student medication and administration by the designated OCS personnel. For a complete listing of the policy, refer to the OCS Website or visit your child's Health Room.

**Prescription Medication:**

1. The medication must be sent to school in its original container, prescription label attached, with the following information included on the label: student's name, date, prescribing physician, dosage/strength, directions for use (including frequency & duration), pharmacy name and address. Those with altered or changed labels will not be accepted.
2. Prescription medications, such as antibiotics, directed to be given two or three times a day should be administered at home. An exception may be made by the School Nurse if the student is in the After School Program or will remain after regular school hours for a school-sponsored activity/function, if designated staffing is available.
3. Controlled medication will be counted and verified by both the parent/guardian and designated OCS school personnel when the medication is brought in to the school, requiring both to initial the consent form verifying the correct count.

**Non-Prescription Medication:**

1. Medication must be provided by the parent/guardian in the original container/package with information of indications and directions included.
2. Some medication may be available at the school. After parent/guardian consent is obtained, appropriate medication administration staff may administer certain symptom specific over-the-counter medications as needed during the current school year.
3. No products containing aspirin (ASA, Acetylsalicylic acid) will be given without a physician's order.

- ❖ All medications, Prescription & Non-Prescription, must be brought to school by a parent/guardian (never the student) and given to School Office Personnel or School Health Tech.
  - **Please note for OCHS students only:** Medications may be brought in to OCHS by the student if it is immediately brought to the Health Room or the Main School Office upon his/her arrival to school.
- ❖ All medications, Prescription & Non-Prescription, must be accompanied by a completed & signed copy of the "Consent and Release for Administration of Prescription & Non-Prescription Medication Brought In from Home to be Administered at School" form (see page 2) and given to the School Secretary or School Health Tech
- ❖ OCS School Health Staff will not be administering any medications containing narcotics (i.e. Lortab, Codeine, Tylenol #3) except when identified in an individual care plan for chronically ill students.
- ❖ Medications, including Prescription & Non-Prescription medication are NOT allowed on the Daviess County School System Buses at any time. (EpiPens, Asthma Inhalers, and Diabetic medications are excluded from this rule.)
- ❖ All medications, Prescription & Non-prescription, will be accepted on an individual basis by the School RN
- ❖ All medications to be administered at school will be given by the School Health Tech, School Nurse, or designated trained OCS personnel.
- ❖ Consent form valid for current school year only.

OCS personnel WILL NOT administer any medication, Prescription &/or Non-Prescription, unless these guidelines are precisely followed. You will be notified that that the medication cannot be given until compliance is obtained according to the above mentioned guidelines. For your child's wellbeing, these guidelines and procedures must be followed.

If you have any questions or concerns, please feel free to contact me at 270-852-8005 or [sherry.krampe@owensborocatholic.org](mailto:sherry.krampe@owensborocatholic.org).

Sincerely,

Sherry Krampe, BSN, RN  
School Health Coordinator and School Nurse

**Consent and Release for Administration of  
Prescription and Non-Prescription Medication  
BROUGHT FROM HOME be Administered at School**

Academic School Year: \_\_\_\_\_

The undersigned parent(s)/guardian(s), request the designated medication administration personnel at Owensboro Catholic Schools to administer the medication listed below to the hereinafter named student:

<b>Student's Name</b> _____	<b>Grade</b> _____	<b>Birth Date</b> _____
<b>List Any Medication Allergies:</b> _____		

<b><u>Medication 1:</u></b>	
<b>Medication Name:</b> _____	<b>Dosage/Strength:</b> _____
<b>Time(s) medication is to be given at school:</b> _____	
<b>Physician (if prescription):</b> _____	<b>Diagnosis/reason for medication:</b> _____
<b>Special instructions &amp;/or side-effects to be noted:</b>	

<b><u>Medication 2:</u></b>	
<b>Medication Name:</b> _____	<b>Dosage/Strength:</b> _____
<b>Time(s) medication is to be given at school:</b> _____	
<b>Physician (if prescription):</b> _____	<b>Diagnosis/reason for medication:</b> _____
<b>Special instructions &amp;/or side-effects to be noted:</b>	

<b><u>Medication 3:</u></b>	
<b>Medication Name:</b> _____	<b>Dosage/Strength:</b> _____
<b>Time(s) medication is to be given at school:</b> _____	
<b>Physician (if prescription):</b> _____	<b>Diagnosis/reason for medication:</b> _____
<b>Special instructions &amp;/or side-effects to be noted:</b>	

I understand the Owensboro Catholic Consolidated Schools Policies and Procedures on administering medication. I have read this consent form and understand all its terms. I execute it voluntarily and with full knowledge of its significance. I hereby agree to release and hold the staff free and harmless for any claims, demands, or suits for damages from any injury or complications that may result from such treatment. I give my permission for Owensboro Catholic Consolidated Schools and the attending physician to exchange information concerning my child's medical records and related information. Consent form valid for current school year only.

\_\_\_\_\_  
**Parent/Guardian Name (PRINT)**

\_\_\_\_\_  
**Daytime Phone #:**

\_\_\_\_\_  
**Parent/Guardian (Signature)**

\_\_\_\_\_  
**Date**

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For Official Use only:

**Controlled Prescription Medication:**

#Number/Amount of medication brought to school: \_\_\_\_\_

Correct Count Verified by: Parent/Guardian \_\_\_\_\_

OCS Personnel \_\_\_\_\_