

DATE:

October 15, 2025

AGENDA ITEM (ACTION ITEM):

Receive Procedure 09.2241 AP.21 Kenton County School District Administration of Medication Permission Form

APPLICABLE BOARD POLICY:

01.51 – Administrative Procedures

HISTORY/BACKGROUND:

District administrators reviewed and revised procedure 09.2241 AP.21 to address the medication needs of students attending off-campus classes or programs at another academic institution.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

Receive Procedure 09.2241 AP.21 Kenton County School District Administration of Medication Permission Form

CONTACT PERSON:

Paula Rust, Director of Health Services


Principal/Administrator


District Administrator


Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda. Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

Administration of Medication Permission Form

School: _____ Phone: _____ FAX: _____

Dear Parent/Guardian,

If medication administration is required during the school day, whether prescription or non-prescription, **this form must be completed and signed by both a physician and parent.** For any questions, please contact the school nurse.

Most medications are kept in the first aid room and must be in the original container with label affixed. For prescription medication, your student's name must be on the label and the label must match the directions on this form. The initial dose of any new medication should be given at home when possible.

Pursuant to *KRS 158.834*, *KRS 158.838*, and *KRS 158.836*, Board policy permits a responsible, trained student to carry and/or self-administer medication for asthma (inhaler), severe allergic reaction (injectable epinephrine device), seizures (FDA approved for rescue or symptoms) or diabetes (Glucagon) on his/her person for immediate use in a life-threatening situation with a written physician's order, parent request, school nurse and Principal approvals. We accept the parent request and physician statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent as soon as possible in this event.

A new form is required for any changes in medication orders. This form may be faxed to the school to the number listed above.

The duration of this form is for one (1) school year only. SCHOOL YEAR: _____

NAME: _____ DATE OF BIRTH: _____ GRADE: _____ ALLERGIES: _____

To be completed by Physician or Authorized provider

1. Medication: _____ Dosage: _____ Directions: _____

Administration Time: Lunch _____ or _____ Route: _____ Diagnosis/Condition: _____

Possible Side Effects: _____ Duration: Start _____ Stop _____

****In the case of an inhaler, epinephrine device, FDA approved seizure symptom/rescue medication or Glucagon, student has received training to carry the inhaler or emergency medication and, in my opinion, may _____ CARRY and/or _____ SELF ADMINISTER this medication. (Physician's Initial) Yes**

2. Medication: _____ Dosage: _____ Directions: _____

Administration Time: Lunch _____ or _____ Route: _____ Diagnosis/Condition: _____

Possible Side Effects: _____ Duration: Start _____ Stop _____

****In the case of an inhaler, epinephrine device, FDA approved seizure symptom/rescue medication or Glucagon, student has received training to carry the inhaler or emergency medication and, in my opinion, may _____ CARRY and/or _____ SELF ADMINISTER this medication. (Physician's Initial) Yes**

3. Medication: _____ Dosage: _____ Directions: _____

Administration Time: Lunch _____ or _____ Route: _____ Diagnosis/Condition: _____

Possible Side Effects: _____ Duration: Start _____ Stop _____

****In the case of an inhaler, epinephrine device, FDA approved seizure symptom/rescue medication or Glucagon, student has received training to carry the inhaler or emergency medication and, in my opinion, may _____ CARRY and/or _____ SELF ADMINISTER this medication. (Physician's Initial) Yes**

******PARENT/GUARDIAN AUTHORIZATION FOR SELF CARRY/SELF-ADMINISTER ONLY ******

I request that my child, named above, be permitted to: _____ carry _____ self-administer the above emergency medication. I take responsibility for this permission and will ensure the medication is not expired. I understand the medication must be in the original pharmacy container, labeled with name of student, prescribing health care provider, and medication; date of original prescription; strength and dose of medication; and directions for use.

PARENT SIGNATURE _____

DATE _____

STUDENT SIGNATURE _____

DATE _____

Off-Campus Medication Management – If the student attends classes or programs at another academic institution (e.g., vocational school, dual-credit campus, alternative placement, etc.), a completed KCSD Administration of Medication Permission Form is still required for prescription and non-prescription medications. Special considerations may be made for students to self-carry and/or self-administer these medications

During school hours, I understand teachers, assistants, nurses or other trained school personnel may be administering these medications according to the specified physician's order and District policy. Schools have established individual procedures for where and when the students receive their daily medications. The student has the ultimate responsibility of reporting daily for their medication.

No medications will be sent home with students. All unused medications and medications without orders not picked up from the school by a parent within five (5) days will be discarded.

I give permission for the storage and administration of this medication by trained school personnel accompanying my student 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 variations to the time the medication is administered may also be necessary. Unless indicated otherwise, student may self-administer medication with school trained personnel supervision while on a field trip.

I hereby release the Kenton County Board of Education and its employees from any claims or liabilities connected with their 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 _____

*Print Physician's Name _____

Physician's Address _____

Fax Number _____

Principal's Signature (For self-carry only) _____

School Nurse Signature _____

Date Form Rec'd in Office _____

Administration of Medication Permission Form

Dear Parent or Guardian,

Any medication, prescription or non-prescription, which a student requires during school hours, should be delivered by a parent/guardian and given to the school nurse or secretary. Any medication shared with another student or found in a student's possession, including his/her backpack or locker, could result in suspension or expulsion. All unauthorized medications will be confiscated.

Please keep in mind that school is not the best place to administer medicines. Doses can be forgotten during the busy school day. If your child's medicine can be administered at home, please do so. **The initial dose of any new medication should be given at home when possible.**

In order for the school to administer any medication to your student, you will need the following:

- *A Kenton County School District Administration of Medication Permission Form completed and signed by your child's physician. This form must also be signed by the parent/guardian. This form is available in the school office or first aid room.*
 - *Notes from parents requesting medication to be administered to students will not be accepted.*
 - *We cannot accept telephone permission for medication administration from a physician. Your doctor's office may fax the signed form to the school.*
- *Medication must be in the original container. All prescription medications must have the student's name on the label with directions for administration that match the permission form.*

If the above procedures are not followed, we will not be permitted to administer medication to your student at school.

Medications containing narcotics for pain relief or sedation should not be sent to school. For their own safety, children requiring this level of medication should remain at home until this medication is no longer required during the school day.

All unused medications not picked up from school by a parent within five (5) days will be discarded. No medication will be sent home with students.

We appreciate your cooperation in this matter and hope you understand these procedures are for the safety of all of our students.