BOURBON COUNTY SCHOOLS

Health Services Department
3341 Lexington Road • Paris, Kentucky 40361
Deirdre West, RN, BSN – District Health Coordinator

Medical Oversight Agreement for PRN Medication Administration
2026–2027 School Year

Date: _____

Dr. Patty Swiney
Medical Director
Bourbon County Schools Health Services

Dear Dr. Swiney:

Bourbon County Schools respectfully requests your continued medical oversight for the administration of approved as-needed (PRN) over-the-counter medications by school nurses during the 2026–2027 school year.

Under your medical direction, Bourbon County Schools nursing staff will administer PRN medications only in accordance with established district policies, Kentucky state laws and regulations, manufacturer recommendations, and professional nursing standards. School nurses will strictly follow the dosing instructions, age restrictions, precautions, contraindications, and administration guidelines provided on the manufacturer's packaging and will not exceed or deviate from those directions unless a separate licensed healthcare provider order is provided.

PRN medications may include, but are not limited to:
- Acetaminophen (Tylenol)
- Ibuprofen (Advil/Motrin)
- Antacids
- Cough drops
- Topical first aid products
- Other approved over-the-counter medications maintained by the school health office

Prior to administration, nursing staff will assess each student's condition, review any documented allergies or contraindications, and follow all district documentation and parent

permission requirements. All medications will be administered by qualified school health personnel within their scope of practice.

Your oversight and guidance help ensure that Bourbon County Schools continue to provide safe, effective, and timely health services to students while minimizing interruptions to the educational environment.

We appreciate your continued support of the students and staff of Bourbon County Schools. If you agree to provide medical oversight for the administration of PRN medications as outlined above for the 2026–2027 school year, please sign below.

Sincerely,

_____

Deirdre West, RN, BSN
District Health Coordinator
Bourbon County Schools

Medical Director Approval

I agree to provide medical oversight for the administration of approved PRN medications by Bourbon County Schools nursing staff for the 2026–2027 school year as described above.

Dr. Patty Swiney, MD

Signature: _____

Date: _____