

CAMPBELL COUNTY SCHOOLS

Authorization to Carry/Self-Administer Medication

Pursuant to the laws of the Commonwealth of Kentucky and Campbell County Schools Board Policy, students may be granted permission to carry and self-administer medication only for emergency use during school hours and during school sponsored activities. This is limited to medication for treatment of asthma, severe allergic reaction, or diabetes. The student must have training in the proper use of the medication named and be responsible for safe use.

Name of Student _____ DOB _____ School _____ Grade _____

Condition for which Medication is prescribed _____

Name of Medication _____

Dose of Medication and route _____

Time and Indication for Administration _____

Side effects to be noted/reported _____

Other recommendations: _____

Length of time Medication is authorized: From _____ to _____ (Limit of 1 school year)

Date Authorization received by school: _____

In my opinion, this student shows capability to carry and self-administer this medication as ordered above.

Physician Signature _____ Printed Name _____
Phone number _____ Date _____

Parent/Guardian Authorization

I request that my child be permitted to carry and self-administer the medication ordered above. I understand the medication must be in its original prescription container. I accept responsibility for this permission and do hereby give permission for a mutual exchange of medical information between the physician that authorized this medication and a designated representative of Campbell County Schools.

Signature of Parent/Guardian _____ Date _____