Jefferson County Public Schools (JCPS)
2015-2016
Authorization to Give Prescription Medication

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 _____.

Date of last office visit: _____
Health care provider's telephone no.: 502-588-3440 Fax no. 502-588-3441
Health care provider's address: 555 S. Floyd Street, Louisville KY 40202
Date to start medication: _____ Date to stop medication: _____
Reason medication is needed: _____
Reactions/side effects: _____

Instructions for giving my child this medication (these must match the prescription label):

1. Name of medication: _____
2. Dosage to be given: _____
3. **Specific time for dosage** (i.e. 8:00am, 1:00pm, etc.): _____
4. Route of administration (i.e. mouth, nose, eyes, ears):_____
5. Special instructions (i.e. take on empty stomach, crush, sprinkle): _____

I hereby acknowledge that if this medication is not self-administered, it will most likely be administered by trained, unlicensed JCPS personnel. I acknowledge and agree when I authorize my child to attend a school sponsored field trip this medication may also be administered by a licensed volunteer. 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.

_____	_____	_____	_____
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Telephone #	Date

_____	_____	_____
Emergency Contact	Relationship	Telephone #