

**Bath County Middle School
335 W Main St.
Owingsville, KY 40360**

Administration of OTC Medication Release

Students are required to bring their own personal medication, in a bottle which is clearly marked. Please, do not send pills wrapped in foil, they will be trashed. Medicines will be kept in a locked cabinet in the health unit.

My child _____ requires over-the-counter medication be given to him/her during the course of the school day. I hereby give permission to the staff of the health unit to administer this medication. I likewise release the staff from any liability related to administering this medication to my child so long as the medication is administered according to the following instructions.

Name of Drug: _____

Dosage: _____

Intake Schedule: _____

Additional Instructions: _____

*Signing this form shall release
The Bath County School System and
Staff members from any liability of any
nature that might result from the
administration of the medication to the student.

Signature of Parent/Guardian

Date

Witness

If this information should change, please notify the health unit staff immediately.