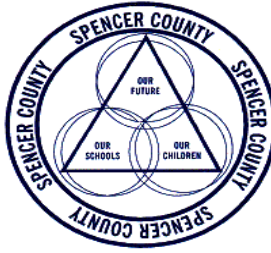


**Board Members**

Debbie Herndon  
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Janet Bonham  
*Vice Chair*

Sandy Clevenger  
Bart Stark  
Lynn Shelburne



**SPENCER COUNTY PUBLIC SCHOOLS**

207 WEST MAIN STREET • TAYLORSVILLE, KY 40071

SCES (502) 477-6950

SCES FAX (502) 477-6955

Chuck Adams  
*Superintendent*

Chuck Abell  
*Assistant Superintendent*

Todd Russell  
*Director of Special Education*

Brett N. Beaverson  
*Director of Operations  
& Transportation*

Bob Hafendorfer  
*Director of Pupil Personnel*

**Medication Permission Form for Extended Day/Overnight Field Trips**

In some situations, students may be authorized to self-administer their own medication while on school-sponsored trips. A school employee will be responsible for keeping the medication in a safe and secure place while on a field trip until such time that the student requires the medication. At the appropriate time, the medication will be available to the student to self-administer in the presence of the school employee. THE MEDICATION MUST BE IN THE ORIGINAL CONTAINER WITH A VALID EXPIRATION DATE. IF THE MEDICATION IS PRESCRIBED BY YOUR HEALTHCARE PROVIDER, THE ORIGINAL PRESCRIPTION LABEL MUST BE ATTACHED.

**This form is required to be signed by the student’s healthcare provider and parent/guardian and returned to the school at least one week prior to the actual field trip.**

If your student requires medication during the field trip, please complete the following:

**Students Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Time of Administration:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Reason for Medication:** \_\_\_\_\_

**Possible Side Effects:** \_\_\_\_\_

**By signing below, I acknowledge that the school employee is NOT responsible for administering the medication. The physician and I have instructed my child on the use and necessity of this medication and that he/she is capable of administering the medication independently.** I expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents concerning any injuries or reactions resulting from the administration of this medication, any adverse effects or side effects resulting from the self-administration of, or a student’s refusal to take or administer this medication.

**Parent Signature:** \_\_\_\_\_ **Phone: (home)** \_\_\_\_\_

(work) \_\_\_\_\_

**Parents Name:** \_\_\_\_\_ (cell) \_\_\_\_\_

**Doctor Signature:** \_\_\_\_\_

**Doctor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

***GOING THE DISTANCE FOR ALL STUDENTS!***

Spencer County Public Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities.

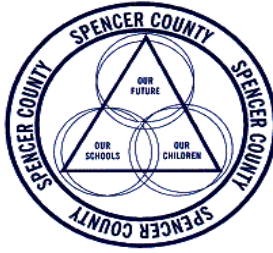
Equal Education and Employment Institution

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