



**ANDERSON COUNTY**  
**HEALTH DEPARTMENT**

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Lawrenceburg, Kentucky 40342  
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[www.achdonline.org](http://www.achdonline.org)

TIMOTHY E. WRIGHT, R.S.  
Public Health Director

STEVE CARMICHAEL  
Board Chairman

Parents/ Legal Guardian,

Welcome! We are excited about the upcoming school year. The Anderson County Health Department and the Board of Education have teamed up to provide nurses in the schools again this year. In doing so, we hope to provide your child with the following services if necessary: first aid, assessment of injuries or complaints with referral as needed, over the counter (OTC) and daily medication administration, health assessments/physical exams when requested by the parent/guardian, screenings such as vision, height/weight, dental, scoliosis, and health education services.

In order for the school nurses and school staff to adequately care for your child, **the consent form for school health services MUST be completed and returned to school.** This consent is to protect your child and make school nurses aware of any allergies or existing medical problems your child may have so we can better serve them. If your child has any medical needs or issues that need to be addressed, please contact your child's school as soon as possible so we can discuss these matters.

The school nurses are able to provide and supply over the counter medications as follows:

*Benadryl*, for allergic reaction / itching; *Hydrocortisone cream* (1/2 %) for contact dermatitis; *Antacid tablets or liquid* for indigestion; *Antifungal cream* for ringworm; *Calamine lotion* for skin rashes; *Antibiotic ointment* for cuts, abrasions and other skin conditions, based on nurse's assessment; *Aloe Vera Lotion* for mild sunburn; *Ibuprofen/Acetaminophen* for headaches, earaches, cramps and other discomfort, based on the nurse's assessment.

**In order for your child to receive OTC medications when the nurse is unavailable, you MUST COMPLETELY fill out a medication request form.** A SEPERATE FORM is required for EACH medication they may need. This form is available at your child's school or can be downloaded from the Anderson County Schools or Anderson County Health Department websites. Please be sure to **FILL IN THE DOSAGE** on the consent. If the dosage is not indicated, the nurse will go by the standard dosage listed on the package. If you want your child to receive any medication other than the OTC's listed, you must provide that medication. **All** students who will require medication administration during school hours must adhere to the same policy whether it is a daily-prescribed medication or an over-the-counter medication that would be given as needed. **All medications must be in their ORIGINAL container and properly labeled with student's first and last name and the dosage.** If the medication is a prescription, ask your pharmacists to prepare two labeled containers, one for school and one for home (**WE MUST HAVE THE MOST RECENT PRESCRIPTION**). The medication form is to be filled out by the parent or guardian.

There is a special section at the bottom of the medication consent form, for children who self-administers medication (i.e. insulin, inhalers, etc.), or may require emergency medication (i.e. Glucagon, Epi-pen) during school hours. This section is labeled **EMERGENCY MEDICATION AUTHORIZATION** and must be filled out by your child's physician. **Each medication administered will require a separate signed permission form. NO MEDICATION WILL BE ADMINISTERED WITHOUT THIS FORM.**

We look forward to working with you and your child this year. Please feel free to contact your child's school if you have any questions or concerns.

Thank you,

Vickie Cleaver, RN  
School Health Nurse/Team Leader  
Anderson County Health Department

***"To protect and promote a healthy community."***