

PERMISSION TO GIVE MEDICATION AT SCHOOL

The school district is required by Colorado State Law to have a form signed by the parents and the physician of a student before medications can be administered at school. For over-the-counter medications, an original package, labeled with student's name, dosage, and **circumstances for administration is required. For prescription medications, a pharmacy** labeled contained is required, with the student's name, name of the medication, dosage, time to be administered, and name of physician,

For safety reasons **parents/guardians** need to bring the medication and/or medical supplies for all K-5 students directly to the school main office or the school health clinic. In the rare event that an adult/guardian is unable to come to the school, a reliable high school student sibling of the K-5 student may bring the medication and/or medical supplies to the school. Please inform the health clinic if sibling is bringing medications/medical supplies.

If the procedure is not followed, medication may be kept in the office until the parent can identify the medication and verify the quantity. New forms must be completed with any changes in medication or dosage and at the beginning of a new school year. Medication remaining at the school at the end of the year must be picked up by parent or will be discarded. District policy encourages medication to be given at home when medically possible.

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Health Care Provider's Signed Order for Medication To Be Administered At School

Child's Name: _____ DOB: _____

Medication: _____ Dosage: _____ Time: _____

Route of Administration: _____

Start Date: _____ End Date: _____

Purpose of Medication: _____

Health Care Provider Name: _____ Phone Number: _____

Health Care Provider Signature: _____ Fax Number: _____

I authorize this medication to be given to my child as directed above. I give my consent for the nurse to communicate with the health care provider regarding this medication.

Parent Signature: _____ Date: _____