

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 prescription medications, a pharmacy labeled container is required, with the student's name, name of the medication, dosage, time to be administered and name of the physician.

For safety reasons parents need to bring the medication directly to the school nurse. In the rare event that an adult is unable to come to school, arrangements may be made with the school that include the following:

- A telephone call to alert the health office of medication coming to the school.
- The medication container should be sent in a sealed envelope.
- The name and amount of medication being sent.
- The return of this signed form from the parent and physician.

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: _____

Possible side effects: _____

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 _____

Please contact the School Nurse, Nicole Shearer, RN with any questions: 719-783-4920.