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| <b>PERMISSION TO GIVE MEDICATION AT SCHOOL</b> |
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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.

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| <b>TO BE COMPLETED BY THE HEALTH CARE PROVIDER</b> |
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**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.