

GARFIELD SCHOOL DISTRICT NO. Re-2

Permission for Medication

Name of student: _____

School: _____ Grade: _____

Please check one:

() Student to carry (self-administer) medication with him/her. Only one day's supply of medicine is to be carried by the student. An asthma inhaler or insulin are the only exceptions of this requirement.

() Medication to be kept and given in the health room.

Medication: _____ Dosage: _____

Purpose of medication: _____

Time of day medication is to be given: _____

Possible side effects: _____

Anticipated number of days it needs to be given at school: _____

Date: _____

Signature of Health Care Practitioner

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designee employed by the Garfield Re-2 School District, the undersigned parent or guardian hereby agrees to release the Garfield Re-2 School District and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication.

I hereby give my permission for _____
to take the above medication at school as ordered. I understand that it is my responsibility to furnish this medication.

Date: _____ Signature of Parent or Guardian

Note: In the case of prescription medication, it is to be brought to school in a container appropriately labeled by the pharmacy or health care practitioner, stating the name of the medication and the dosage.

Approved: November 26, 1996
Recoded: November 27, 2007
Revised: September 28, 2010

Garfield School District No. Re-2, Rifle, Colorado