



Permission for Medication Administration In the School

The parent/guardian of _____ asks that properly trained and delegated school staff give the following Medication _____ at _____ to my child according to the Health Care Provider's signed instructions on the lower part of this form.

The School agrees to administer medication prescribed by a health care provider licensed in the state of Colorado. It is the Parent/guardian's responsibility to furnish the medication. The parent agrees to pick up expired or unused medication within one week of notification by staff.

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped and licensed health care provider's name. Pharmacy name and phone number must be packaged in original container.

Over the Counter medication must be labeled with child's name & prescribed information. Dosage on the container **must** match the signed health care provider authorization. Medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

Parent/Legal Guardian's Name (PRINT) Parent/Legal Guardian (SIGNATURE) Date

Work Phone Home Phone School Name & Fax Number

Health Care Provider Authorization to Administer Medication

Child's Name _____ Birthdate: _____

Medication: _____

Dosage: _____ Route: _____

To be given at the following time(s): _____

Special Instructions: _____ student may carry inhaler _____

Purpose of medication: _____

Side Effects that need to be reported: _____

Signature of Health Care Provider with Prescriptive Authority License Number

Printed name of Health Care provider Date

Phone Number Clinic FAX Number

Please ask the pharmacist for separate labeled medicine to remain at school. Thank You!