

Dear Liberty Families,

The health office would like to encourage parents well in advance to begin gathering student's medications and associated forms for Spartan Week this fall. We have found the requirement to get a doctor's signature for all medication, including over-the-counter medication, necessitates advance planning. All paperwork must be dated July 1st or later.

For any medication, whether prescription or over the counter (i.e. ibuprofen, cough drops, Dramamine), the following procedures will be in place for the safety of your children:

- Medication must be brought into the school by an adult and checked into the health office.
- Each medication must come with a separate "Authorization and Release" form and be signed and dated by a doctor and parent/guardian.
- Students with medication kept at school for the 2024–2025 school year will be sent with staff to camp.
- All medication must come in original containers with an expiration date, labeled with your child's name, and placed in a gallon-sized Ziploc bag.
- If expanded information is needed regarding your child's condition, please also include a completed "Health Care Action Plan" (found via the link below).
- All Spartan-Week-specific medication must be picked up by parents on the day of return.

NO medication/ forms will be accepted after September 4, 2024. Please note: we are not legally authorized to administer any medication not provided by a student's guardian with the appropriate paperwork. If your student has a specific health concern requiring further discussion, please reach out to **Mrs. Natallie Dybzinski** at ndybzinski@libertycommon.org.

An "Authorization and Release" form is attached for convenience. If you need additional forms, you can access them via the school's website:

<https://www.libertycommon.org/quick-links/health-services>

Sincerely,

Natalie Dybzinski (RN)

ndybzinski@libertycommon.org

Krystyna Sheppard (Health Technician, Aristotle Campus)

ksheppard@libertycommon.org

Carrie Voggesser (Health Technician, Plato Campus)

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Liberty Common School
Fort Collins, CO 80525

Authorization and Release Administering Medicine to a Student at School or School-Sponsored Activity

A separate written Authorization and Release must be submitted each school year for each medicine to be administered to a student, and for each change in the dosage, time(s) and/or route of administration.

[Parent Completes]

Student Name: _____	Student ID#: _____
Date of Birth: _____ Grade: _____	School Year: _____
School Student Attends: _____	Fax Number: _____
School/Activity where Medicine is to be Administered: _____	

[Health Care Provider Completes]

Health Care Provider Authorization and Directions

Name of Medicine: _____

The Medicine is: Prescription Nonprescription

Purpose of Medicine: _____

Dosage: _____ Route of Administration: _____

Time(s) the Medicine is to be Administered: _____

Starting Date: _____ Ending Date: _____
(All Authorizations expire at the end of the school year)

Possible Side Effects of Medication: _____

Printed Name of Health Care Provider: _____ Office Phone: _____

Signature of Provider: _____ Date: _____

Special Instructions

Prescription Medication: Must be furnished in the original pharmacy-labeled container. The student's name, name of the medicine, dosage, name of prescribing health care provider (who is required to furnish Health Care Provider Authorization and Directions above), date prescription was filled, and expiration date must be printed on the medicine container's pharmacy label.

Non-prescription Medication: Must be furnished in the original container labeled by the pharmaceutical company or other commercial distributor of the medicine.

Parent/Guardian Request, Permission and Release

I hereby request and give my permission for Liberty Common School to administer to my child the medicine named in the above Health Care Provider Authorization and Directions, as specified by the health care provider. In connection with my request, I hereby authorize the health care provider to provide information to school personnel who may be involved in administering the medicine to my child. If my request is granted (as noted by the employee signature in the Liberty Common School Authorization below), I hereby release and hold harmless the school and its board members, employees, and agents from any and all liability, claims, causes of action, damages and demands of any kind whatsoever (except willful and wanton acts or omissions) that may be brought by my child or on my child's behalf for any and all damages, including personal injury to my child, arising out of or in connection with the administering of medicine to my child as provided above.

Signature of Parent/Guardian: _____ Date: _____

[Parent Reads and Signs]

Liberty Common School Authorization:

Employee Signature: _____ Date: _____