Greeley-Evans | Weld County School District 6
Office of Health Services
1025 NINTH AVENUE
GREELEY, COLORADO 80631
970-348-6000
WWW.GREELEYSCHOOLS.ORG

MEDICATION IN SCHOOLS
Parent Information

Parents have primary responsibility for the health of their children. This includes administration of medications. Parents are encouraged to schedule medications to be given before or after school when possible. Medication administration at the school must follow the regulations set by the state of Colorado.
Medications brought to the school are kept in the Health Office for the safety of all students; at the middle and high school level, students may carry certain medications if a contract is completed with the school registered nurse consultant and parent/guardian.

GENERAL INFORMATION

- If your student needs medications during the school day, written provider orders and parent permission must be completed and on file in the Health Office each school year. All medications, including prescription and over-the-counter medications, must have written provider and parent permission.
- In order to keep all students safe, please do not send any medication, prescription or over-the-counter, to school with your student. We ask a parent/guardian to bring medications directly to the health office.
- It is the responsibility of the parent to notify the school registered nurse consultant of any changes in the medicine, such as dosage, time(s) to be administered, medication is stopped, etc.
- It is the responsibility of the parent to pick up their student's medicine at the end of the school year or it will be disposed of by the school registered nurse consultant.
- A parent's request to administer medications that are not part of standard medical care at school will be evaluated on a case-by-case basis with the parent, prescribing healthcare provider, and the school nurse.

PRESCRIPTION MEDICATION

- A Medication Authorization form signed by both a parent/guardian AND a healthcare provider is required to be on file at the school.
- Medication must be provided by the parent/guardian in an individual, pharmacy labeled container for the student who is to receive it.
- Medication will be given as directed on the pharmacy label and per the provider's written order.
- Provider orders expire one year from the date of the prescription.

NON-PRESCRIPTION/OVER-THE-COUNTER MEDICATION (Provided by Parent)

- A Medication Authorization form signed by both a parent/guardian AND a healthcare provider is required to be on file at the school.
- Non-prescription medication/over-the-counter medications must be in the original packaging and labeled with the student's name.
- Some over-the-counter medications are available in the health office and are approved by the District 6 Medical Advisor. To review the list of these medications and approve their use for your student, please complete the health section of the Online Registration each school year.

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Provider Authorization & Parent Permission for Medication Administration at School

- For all medications (prescription or over-the-counter) to be given during the school day or on school sponsored field trips.
- A Colorado Department of Education standardized health care plan with medication orders for asthma, severe allergies, seizure disorders, diabetes, or other health conditions signed by a healthcare provider and parent/guardian replaces this form as authorization for medication administration at school for students.

Name of Student: _____ Birthdate: _____ Student ID #: _____
School: _____ Grade: _____ Teacher: _____
Health office Phone: _____ School Fax (Attn: Health Clerk): _____
School Registered Nurse Consultant Signature: _____ Date: _____

Health Care Provider (NP) Authorization for Medication:

Name of Medication: _____
Purpose of medication/diagnosis: _____
Dose: _____
Route: _____ Time of day to be given: _____
Length of time medication is to be given: _____
Possible side effects: _____ Special notes: _____
Student understands proper medication use and in my opinion may SELF-CARRY: ____ Yes ____ No
Printed Provider's Name: _____
Clinic: _____
Provider Phone Number: _____
Fax Number: _____
Provider's Signature: _____ Date: _____

Parent Authorization for Medication Administration:

I hereby approve this care plan and give permission for school personnel to share this information, follow this plan, and if necessary contact the healthcare provider. I give permission for (student name) _____ to take medication at school as ordered by the healthcare provider above. I understand that it is my responsibility to provide this medication. I have reviewed with my student the District 6 policy regarding the sharing of prescription medication at school, and understand that students may be expelled for inappropriate use of prescription medication.
Parent/Guardian Print Name: _____
Parent/Guardian Signature: _____ Date: _____

NOTE:

- Medications must be kept in the original pharmacy-labeled bottle or container. Please ask the pharmacist for a separate labeled bottle to keep at school.
- Prescription medications must contain the original pharmacy label that lists: Student's name, prescribing practitioner's name, pharmacy name and telephone number, date prescription was filled, expiration date of the medication, name of the medication, dosage, how often to give the medication, and length of time the medication is to be given. Provider orders expire one year from the signature date unless otherwise specified by the provider.
- Over-the-counter medication must be kept in the original packaging and be labeled with the student's first and last name.