School District 51
MESA COUNTY VALLEY
Engage, Equip, and Empower

NURSING SERVICES

Fax: (970) 245-0825

REQUEST FOR MEDICATION/ MEDICAL PROCEDURES TO BE GIVEN AT SCHOOL

Name of Student		
School	Date of Birth	Grade
Name of Medication/Medical Procedure	Dosage	Time(s) each day
Generic name of medication		
Date to Begin Medication/Medical Procedure	Date to End Medication/Medical Procedure	
Medical Diagnosis		
Expected Action of Medication/ Medical Procedure/Side Effects/additional medication directions		

The undersigned understand and agree that the above medication/medical procedure may be administered by non-nursing staff of Mesa County Valley School District #51 in accordance with the above instructions.
**In order to discontinue a student's medication, a written request from the parent or guardian is required. Please refer to the* Authorization to Discontinue Medication at School *form for documentation.*

Physician

Name	Telephone
Signature	Date

_____ Physician Initials	**Student understands the proper use of his/her medications, and in my medical opinion, can carry one dose of the above medication and use his/her medications at school independently with <u>approval from school nurse.</u>**

Parent/Legal Guardian

I hereby give permission for the school to administer the medication and treatments as prescribed above. I also give permission for the school to contact the above health care provider regarding the administration of this medication/medical procedure and share the above information with pertinent school staff.	
Name	Telephone
Signature	Date

Refer to School Board Policy JLCD 12-22-102(11), C.R.S.