Authorization to Administer Medication at School

Name of Student_____ DOB_____

Phone_____ Grade/Teacher_____

Physician: In my opinion, it is necessary to administer this medication during the school day.

Medication	Purpose of Med	Dose	Route	Time to be given	Initial for Self-Carry (MD or like only *contract needed)	Possible Side Effects

Duration of orders *(not to exceed 1 calendar year):*
_____Date:_____

Name of health care professional (print or type): _____

Signature:_____MD, DDS, DMD, DO, NP, PA

Address:_____Phone:_____

- Student understands proper use of medications, and in my opinion, can self-carry and use medication at school independently with approval from the school nurse and completion of the contract.
  Physician Initials: _____

Release of Liability: It is understood that 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 delegate employed by School District No. 70, the undersigned parent or guardian hereby agrees to release School District No. 70 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.

Self-Carry Requirements & Colorado Law: In accordance with Colorado law, responsible students are permitted to carry and self-administer rescue inhalers and/or epinephrine auto-injectors (C.R.S. 22-1-119.5). Furthermore, per C.R.S. 22-1-119.3, students may carry sufficient prescription medication for a single day or for the duration of a school event.

To ensure student safety and legal compliance, the following must occur:

- **Mandatory Contract:** A formal **Self-Carry Contract must be signed** by the parent/guardian, student, and school RN **prior** to the student being allowed to carry or self-administer any medication.
- **Required Approvals:** Approval is granted based on the student's demonstrated ability to safely manage their medication, as outlined in the *CDE Medication Administration Guidelines (2019)*.
- **Limitations:** Self-carry privileges are restricted to the dosage approved for a single day or the specific duration of a school-sanctioned event.

    - ***Note: Students may not carry controlled substances (including medical marijuana) unless the administrator and parents grant a specific exception in consultation with the nurse.***

I hereby give permission for _____ to take the above prescription(s) at school as ordered. I understand that it is my responsibility to furnish this medication, and I will personally bring it to the school in its original, labeled container (instructions/dosage on the container must match the physician's order). If the prescription is changed, a new form for parent consent and a new physician's order must be completed before school staff can administer the new medication.

*__Parent__: Please note that you must pick up medication at the end of the school year, or it will be disposed of on the last day of school. Medication cannot be sent with the student but must be picked up by the parent/guardian. Medication remaining after the last day of school will be disposed of. If you check out your student before the last day of school, you must pick up your medication at the time of checkout. Any remaining medication will be disposed of the next day after the student is checked out.

Parent Signature:_____Date: _____

*The following medications are generally **not approved for self-carry** and must be kept in the school health office:*

1. Controlled Substances (High Priority Restriction)

These medications have a high potential for abuse or safety risks and are rarely allowed to be self-carried by students. Examples include:

- ***ADHD Medications:** Stimulants like Adderall, Ritalin, Concerta, or Vyvanse.*
- ***Anxiety Medications:** Benzodiazepines such as Xanax, Valium, or Ativan.*
- ***Pain Relief (Opioids):** Medications containing oxycodone, hydrocodone (Vicodin), or Tylenol with Codeine.*

2. Medical Marijuana and CBD Products

- ***Medical Marijuana:** Under Colorado's "Jack's Law," students are prohibited from possessing or self-administering medical marijuana. It must be administered by a parent, primary caregiver, or a volunteer school employee in a non-smokable form.*
- ***CBD Oil:** Non-FDA-approved cannabis products (like CBD oil with less than 0.3% THC) are generally not allowed to be carried or administered by school staff unless they are FDA-approved.*

3. General Prescription Medications

Most daily or temporary prescription drugs are required to be stored in the health room. These include:

- ***Antibiotics***
- ***Antidepressants or Psychotropic drugs***
- ***Hormone treatments** (excluding insulin, which is often an exception)*

4. *Over-the-Counter (OTC) Medications

***Pain Relievers:** Ibuprofen (Advil/Motrin), Acetaminophen (Tylenol), or Naproxen (Aleve).*

- ***Cough & Cold:** Decongestants, cough drops, or antihistamines.*
- ***Supplements:** Vitamins, herbal remedies, and essential oils.*

*Students may carry sufficient prescription medication for a single day or for the duration of a school event.

To ensure student safety and legal compliance, the following must occur:

- **Mandatory Contract:** A formal **Self-Carry Contract must be signed** by the parent/guardian, student, and school RN **prior** to the student being allowed to carry or self-administer any medication.
- **Required Approvals:** Approval is granted based on the student's demonstrated ability to safely manage their medication, as outlined in the *CDE Medication Administration Guidelines (2019).*

Medication Self-Carry and Administration Contract

Colorado law does allow responsible students to carry and self-administer their rescue inhaler and/or epinephrine auto-injector (C.R.S.22-1-119.5). In 2012, the law was extended to prescription medication. ***This law (C.R.S.22-1-119.3) allows the student to carry sufficient medication for a single day or for the duration of the event with approval of the provider, parent, and administrator.*** *(CDE Medication Administration Guidelines - 2019).*

School Year: _____

Student Name: _____ DOB: _____ Grade: _____

School: _____

I. Student Responsibilities

I understand that carrying and self-administering my medication is a privilege that can be revoked if I do not follow these rules.

- **Competency:** I have demonstrated to the School Nurse that I can identify my medication, know the correct dose and frequency, and can demonstrate the correct administration technique.
- **Indication:** I can recognize the symptoms of my condition and know when to take my medication.
- **Reporting:** I will notify the school health office or a staff member immediately after I use my emergency medication (e.g., Epi-pen) or if I am having more difficulty than usual with my condition.
- **Safety:** I will keep the medication in its original labeled container and in my possession at all times.
- **Prohibition:** I will **never** allow another person to use my medication.

Student Signature: _____ Date: _____

II. Parent/Guardian Responsibilities

- **Orders & Consent:** I will provide a written order from a licensed Healthcare Practitioner and my own written authorization for my child to self-carry.
- **Supplies:** I am responsible for ensuring the medication container is appropriately labeled by a pharmacist or healthcare provider, contains the medication, and is not expired.
- **Backup:** I will provide a backup supply of the medication to the school health office for use in an emergency.
- **Ongoing Care:** I will review the status of my child's asthma/allergy with them on a regular basis.
- **Quantity:** For general prescription medication (non-rescue), I will ensure my child carries only a single day's dose.

Parent/Guardian Signature: _____ Date: _____

III. School Nurse Responsibilities

- **Assessment:** I have assessed the student's knowledge of their condition and their ability to self-administer the medication safely.
- **Review:** I have reviewed the Healthcare Practitioner's order, the correct technique for use, and the appropriate timing/dosages with the student.
- **Notification:** I will notify appropriate school staff (e.g., teachers) that the student has permission to carry and self-administer this medication.
- **Emergency Planning:** For students carrying epinephrine, I have assigned a designee to call 911 if the student requires its use.

School Nurse Signature: _____ Date: _____

IV. Medication Information (For General Prescription Only)

Medication self-carried/administered:

- ☐ Epi-Pen - Allergies - *Covered on the Colorado Allergy and Anaphylaxis Emergency Care Plan*
- ☐ Inhaler - Asthma - *Covered on the Colorado Asthma Care Plan*
- ☐ Over-the-Counter (OTC) oral pills (a few examples: Tylenol, Ibuprofen, digestive enzymes, essential oils/herbs/vitamins)
- ☐ Prescriptive oral pills
- ☐ Topical cream/ointment (ears/eyes)

Diabetes insulin or other treatments for Diabetes 1 and 2 are covered on the Diabetes orders and the Individualized Student Health Care Plan.

Note: Students may not carry controlled substances (including medical marijuana) unless the administrator and parents grant a specific exception in consultation with the nurse.

Medications:

_____ _____ _____

_____ _____ _____

Contract Terms:

- This contract is *not to exceed 1 calendar year*.
- Noncompliance with the above safety contingencies by the student may result in the withdrawal of self-carry privileges.
- If privileges are revoked, the School Nurse will communicate this to the parents and medical provider and develop a new plan of care.