



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: _____

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.

