



2017-18 PERMISSION TO GIVE AND/OR CARRY PRESCRIPTION MEDICATION

The school nurse is required by Colorado State Law to have this form signed by the parents and the physician of a student before a prescription medication can be administered at school. For safety reasons, parents are requested to bring the medication directly to the nurse. In the event an adult is unable to come to school, arrangements may be made with the nurse to include the following:

- a call to alert the nurse that the medication is coming to school
- the name of the medication that was sent
- how much medication was sent
- the medication must be in a pharmacy labeled container that contains the student's name, the name of the medication, dosage, time to be administered, and the physician's name.

New forms must be completed with any changes in medication or dosage prescribed, as well as at the beginning of a new school year. At the end of the school year, the nurse will call parent to pick up remaining medication.

TO BE COMPLETED BY THE PHYSICIAN: PERMISSION TO GIVE MEDICATION

IT IS REQUESTED THAT _____ RECEIVE _____
(Student's Name) (Grade) (Name of Medication)

_____ TO BE GIVEN AT _____ or FREQUENCY _____
(Dosage) (Time) (Every _____ hours)

FOR _____ or FOR THE PERIOD FROM _____ TO _____.
(Number of days) (Date) (Date)

Diagnosis for which medication is being prescribed: _____

Adverse effects the physician wishes to be notified of: _____

(Please print name of physician) (Physician's Signature) (Physician's phone number)

I authorize this medication to be given to my student as directed above. I give my consent to have the nurse contact the physician with questions or concerns regarding this medication.

(Parent/Guardian Signature) (Date)

TO BE COMPLETED BY THE PHYSICIAN: PERMISSION TO CARRY MEDICATION

_____ has been instructed in the proper use of _____ (medication).
(Student's Name)

WE, _____ and _____, request
(Physician) (Parent/Guardian)

That the above named student be permitted to carry the medication on his/her person or keep the medication in his backpack, locker, and/or PE locker. We consider the student to be responsible and he/she has been instructed in the following: the purpose and the appropriate method and frequency of use of the above medications. The parent/guardian absolves the school of any responsibility in safeguarding our student's medication. If the student demonstrates irresponsible behavior with this medication, this permission can be revoked by the dean of students.

(Physician Signature) (Date) (Parent/Guardian Signature) (Date)