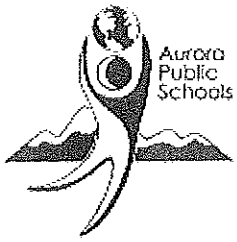

PERMISSION TO GIVE MEDICATION AT SCHOOL

The school district is required by Colorado State Law to have a form signed by the parents and the physician of a student before medications can be administered at school. For over-the-counter medications, an original package, labeled with student's name, dosage and circumstances for administration is required. For prescription medications, a pharmacy labeled container is required, with the student's name, name of the medication, dosage, time to be administered and name of physician.

For safety reasons parents need to bring the medication directly to the school nurse or health assistant. In the rare event that an adult is unable to come to school, arrangements may be made with the school that include the following:

- A telephone call to alert the health office of medication coming to school.
- The medication container should be sent in a sealed envelope.
- The name and amount of medication being sent.

If the procedure is not followed, medication may be kept in the office until the parent can identify the medication and verify the quantity. New forms must be completed with any changes in medication or dosage and at the beginning of a new school year. Medication remaining at the school at the end of the year must be picked up by parent or will be discarded. District policy encourages medication be given at home when medically possible.

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Health Care Provider's Signed Order For Medication To Be Administered At School

Child's Name _____ DOB _____

Medication _____ Dosage _____ Time _____

Route of Administration _____

Start date _____ End date _____

Purpose of medication: _____

_____

Possible side effects: _____

_____

Health Care Provider Name _____ Phone Number _____

Health Care Provider Signature _____ Fax Number _____

I authorize this medication to be given to my child as directed above. I give my consent for the nurse to communicate with the health care provider regarding this medication.

Parent Signature _____ Date _____