

PERMISSION TO CARRY NON-EMERGENCY MEDICATION

_____ has been instructed in the proper use of _____.
Student's Name Medication

We, _____ @ _____
Parent/Guardian's signature Phone number

and their healthcare provider _____,
Healthcare Provider's signature Degree (MD, DO, NP or PA)

request that the above-named student be permitted to carry the medication on his/her person or keep the medication in his/her backpack, locker, and/or P.E. locker. We consider the student to be responsible and he/she has been instructed in the following:

- the purpose
- the appropriate method, dose and frequency of the above medication
- that this medication not be shared with another student
- when they should seek adult guidance regarding the medication

I, as their parent/guardian, absolve 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.

We have reviewed the above instructions with the student and have advised their teachers what constitutes responsible use of this medication:

School Nurse (Date)

Principal (Date)

NOTE: This form must be completed in addition to the appropriate district medication form permitting administration of the medication by appropriate school personnel. Forms are available from the school clinic, or at <http://www.ccsd.k12.co.us/HealthServices/>