CONSENT FOR PRESCRIPTION/ HOMEOPATHIC MEDICATION AT SCHOOL

Dedicated to Excellence
Cherry Creek Schools

To be completed by a Licensed Health Care Provider with prescriptive authority:

Student's Name:_____ Date of Birth: _____

Medication: _____

Dosage: _____

Route:_____ Time(s): _____

Special Instructions: _____

Purpose of Medication: _____

Side effects/ adverse reactions to be reported: _____

_____ _____
SIGNATURE OF HEALTH CARE PROVIDER WITH PRESCRIPTIVE AUTHORITY) DATE SIGNED – ORDER EXPIRES IN 12 MONTHS

_____ _____
LICENSE NUMBER PROVIDER PHONE

ATTENTION PRESCRIBERS: IF THIS IS FOR A RESCUE INHALER or EPINEPHRINE please complete the Colorado School Asthma Action Plan and/or Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders.

School District Policy JLCA requires, as a condition to its agreement to release any medication to students, that the medicine be prescribed by a physician or dentist and furnished by the parent(s) of the student with the original pharmacy container label stating the; student's name, name of the medication, the dosage, the number of dosages per day or time(s) when the medication is to be released to the student, and the date when the medication is to be stopped. New forms must be completed annually or with any changes in medication administration and the parent must pick up expired/unused medication prior to the last day of school or it will be disposed of per Board of Health Guidelines.

It is understood that the medication is given at the request of, and as an accommodation to, the undersigned parent(s) or guardian(s). For safety reasons, parents are requested to bring the medication directly to the school nurse. By signing this document, I give permission for the nurse or nurse designee to administer the medication as prescribed and give my permission for this Health Care Provider to share information about this medication's administration with the Registered Nurse. The undersigned parent(s) or guardian(s) hereby agree(s) to exempt and release the Cherry Creek School District and its directors, officers, employees, volunteers and agents, from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain or which they now have or may hereafter have arising out of the release of the medication to the student.

_____ _____ _____
PARENT/GUARDIAN SIGNATURE PARENT/GUARDIAN PHONE DATE SIGNED
Permission expires in 12 months

An updated consent must be resubmitted every year.

RV 05/2021