

PERMISSION TO GIVE PRESCRIPTION/HOMEOPATHIC MEDICATION AT SCHOOL

The school nurse is required by Colorado State Law to have this form signed by the parents and the Health Care Provider of a student before prescription medication can be administered at school. For safety reasons, parents are requested to bring the medication directly to the nurse. If medication cannot be delivered to the clinic by the parent/guardian, please contact the health clinic to make other arrangements. Prescription meds must be in a pharmacy-labeled container that includes the child's name, medication, dosage, the prescriber's name and directions for administration.

New forms must be completed with any changes in medication or dosage prescribed and at the beginning of a new school year. The parent agrees to pick up expired or unused medication within one week of notification or it will be destroyed.

To be completed by Licensed Health Care Provider with Prescription Authority:

Student's Name: _____ Birthdate: _____

Medication: _____

Dosage: _____ Route: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

Side effects that need to be reported: _____

Starting Date: _____ Ending Date: _____

Signature of Health Care Provider with Prescriptive Authority License Number

Print name of Health Care Provider Phone Fax Number

ATTENTION PRESCRIBERS: IF THIS Rx IS FOR A RESCUE INHALER OR EPI-PEN:
 This student has been instructed by the healthcare provider in the proper use of this medication and is capable of carrying and self-administering this medication.

Signature of Health Care Provider

By signing this document, I give permission for my student's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication. This consent must be resubmitted at the beginning of every school year.

(Parent/Guardian Signature)

(Date)