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 ____________________________