

MONTEZUMA-CORTEZ SCHOOL DISTRICT RE-1
CORTEZ, CO 81321

SCHOOL _____ ACADEMIC YEAR _____

Section A: Health Care Provider Authorization to Administer Medication in School

Child's Name: _____ Birth date: _____

Medication: _____ Dosage: _____

Route: _____ Time(s) to be given: _____

Starting Date: _____ Ending Date: _____

Special Instructions: _____ Purpose of medication: _____

May the student self administer this medication? _____

Side effects that need to be reported: _____

Signature of Health Care Provider with Prescriptive Authority Date Phone Number

Please ask the pharmacist for a separate medicine bottle to keep at school

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Section B: Parent Permission for Medication Administration in School

The parent/guardian of _____ asks that school staff give the following medication at _____ to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

- The program agrees to administer medication prescribed by a licensed health care provider.
- It is the parent/guardian responsibility to provide the medication.
- The parent/guardian agrees to pick up the expired or unused medication within one week of notification by staff with the understanding that it will be discarded if it is not retrieved.

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, and date medicine is to be stopped and licensed health care provider's name. Pharmacy name and phone number also be included on the label.

Over the counter medication must be labeled with the child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about The administration of this medication with the nurse or school staff delegated to administer medication.

Parent/Legal Guardian Printed Name Parent/Legal Guardian Signature Date

Best Phone Number Second Best Phone Number

Please ask the pharmacist for a separate medicine bottle to keep at school

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Approved: July 18, 1995
Revised: September 4, 2001
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