

Last Name: _____
First Name: _____



COLORADO
Early Colleges
— COLORADO SPRINGS —

Health Care Provider Authorization to Administer Medication in School:

Students may not carry prescription medication. It must be kept in the school nurse’s office. The medication will be provided by the parent/guardian in the original container in which it was purchased. In order for prescription medication to be administered during school hours, the following must be completed by the health care provider and the parent/guardian. When ordering the medication, please ask the pharmacist to provide an additional empty, labeled bottle to be stored at the school.

Student: _____ DOB: _____

Medication: _____ Dosage: _____

Route: _____ To be given at following times: _____

Special Instructions: _____

Purpose of medication: _____

Potential Side effects: _____

Parent/Guardian Signature: _____

Medical Provider Signature/Stamp: _____

Medication will not be administered without doctor’s signature.