

PARKER CASTLE ROCK INVERNESS

Health Care Provider Authorization to Administer Medication in School

Student First Name	Student Last Name	Birth Date

Students' prescription medication must be kept in the school's health office, unless physician specifies it is for self-carry purposes. The medication must be provided by the parent/guardian in the original container in which it was purchased. Students may carry several day's dosage of over-the-counter medication in its original packaging and cannot be shared with other students. If any medication, including over-the-counter medications, are to be administered during school hours, this form must be completed by the healthcare provider and the parent/guardian. When ordering prescription medication, please ask the pharmacist to provide an additional empty labeled bottle to be stored at the school.

Name of Medication	
Dosage	
Route	
Times Given	
Special Instructions	
Purpose of Medication	
Potential Side Effects	
Self-Carry with Student? (except for controlled substances)	{Circle} YES NO

Health Care Provider Printed Name	Health Care Provider Signature	Date
Parent/Guardian Signature		Date
School Nurse Signature		Date

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent/guardian. In consideration of the acceptance of the request to perform this service by and person employed by Colorado Early Colleges, the undersigned parent/guardian hereby agrees to release Colorado Early Colleges and its personnel from any legal claim which they have or may hereafter have arising out of the administration of or failure to administer medication to the student. 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. I understand it is my responsibility to furnish the medicine. Emergency & Medical Information 2019-2020