

Permission for Medication Administration at School

Student Name: _____ Birth Date: _____

School _____

Before medication can be administered during school hours, it is necessary to have specific written orders from you child's physician and parent/guardian written permission. Please ask you physician if it is possible to adjust the timing of your child's medication to fall outside school hours because having medications at school can present a potential hazard to other students. Return Page 1 signed by you and your physician and **keep Page 2 for procedures you must follow** if your child must receive medication during attendance at school. Thank you.

TO BE COMPLETED BY PHYSICIAN MEDICATIONS TO BE ADMINISTERED AT SCHOOL DURING SCHOOL HOURS

Medication: _____ Dosage: _____ Time: _____

Mode/Route: _____

Adverse side effects that might be seen at school: _____

Administer without subsequent order until: _____

Other directions/precautions: _____

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Mode/Route: _____

Adverse side effects that might be seen at school: _____

Administer without subsequent order until: _____

Other directions/precautions: _____

AUTHORIZING SIGNATURES

Permission is given to school district personnel to administer the above medication(s) provided by the parent/guardian to the school in original container(s) to the following student: _____

I understand school staff reserves the right to contact the physician if the parent/guardian is not available regarding clarification about administration of the indicated medication at school.

Physician Name: _____ Phone Number: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____ Phone Number: _____

Signature: _____ Date: _____

NOTE 1: The prescription medication is to be brought to school in a container appropriately labeled by the pharmacy or health care practitioner stating the name of the medication and the dosage.

NOTE 2: Those personnel administering medications must be trained in observing for side effects and in the appropriate steps to take should side effects occur. While the school is not responsible for the occurrence of side effects, the school is responsible for observing for side effects.

San Juan County School District #1
Educational Health Services
ADMINISTRATION OF MEDICINES AT SCHOOL

PROCEDURE FOR PARENT TO FOLLOW IF IT IS ESSENTIAL THAT STUDENT RECEIVE MEDICATION DURING TIME OF ATTENDANCE AT SCHOOL:

1. Your physician must complete and sign Page 1 of the "Permission for medication Administration at School" form. Instructions must be specific and not depend on school staff judgment.
2. You must sign Page 1 of the "Permission for medication Administration at School" form and return the form to your child's school.
3. Provide medication in container with the original label from the doctor or pharmacist. This label must have your child's name, the name of the medication, dosage and time of administration.
4. To prevent unsupervised access of your child or other students to the medication, you must deliver it to school. The quantity acceptable to keep at school may be restricted.
5. Maintain a record of the date and quantity of medication you provided the school so you will know when to replenish the school supply.
6. Provide the school with new permission if there is a change in medication or change of your child's health care provider. Permission must be renewed each school year.

*Adopted March 2011
San Juan County School District #1, Silverton, Colorado*