

UNIVERSITY SCHOOLS

970-506-7000 Phone 970-506-7070 Fax
www.universityschools.com

Medication Physician and Parent Authorization

- For all medications (prescription or over-the-counter) to be given in school or on field trips.
- If a student has a Colorado Department of Education Standardized Health Care Plan for Asthma, Allergies, Seizures, or Diabetes signed by health care provider and parent, this form does not need to be completed.

Name of Student: _____ Birthdate: _____

Grade: _____ Teacher/Advisor: _____

Physician Authorization for Medication

Name of Medication: _____

Purpose of Medication/Diagnosis: _____

Dosage (amount and timeline, please be specific on "as needed" orders): _____

Route: _____ Time of Day medication is to be given (Specific Time/s): _____

Length of time medication is to be given (days, weeks, months, school year): _____

Possible Side Effects: _____

Printed Physician's Name: _____ Clinic: _____

Physician Phone Number: _____ Fax: _____

Physician's Signature: _____ Date: _____

**NOTE* Medications must be kept in the original labeled bottle or container.*

Parent Authorization for Medication Administration

I hereby give my permission for (student name) _____ to take medication at school as ordered by the physician above. I understand that it is my responsibility to provide this medication. I have reviewed with my student the University Schools Policy regarding the sharing of prescription medication at school, and understand that students may be expelled for inappropriate use of prescription medication.

Medication to be taken at school: _____ Dosage and Time: _____

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____

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Medication in Schools Parent Information

Parents have the primary responsibility for the health of their children. This includes the administration of medicine. **University School Personnel encourages medicines to be taken at home if at all possible.** Many medicines may be taken before school hours and/or after school hours. Medications given three or more times a day can usually be given at home. Medication will be given following state laws only. It is required that medications be kept in the Health Office for the safety of all students.

When school personnel are asked to assist the student in taking medications, the following procedures must be followed:

General Instructions

- It is the responsibility of the parent to bring any medication to the school health office. This is very important for the safety of all children.
- Medicine will be given only following state requirements.
- It is the responsibility of the child to request the medicine from the School Nurse or other delegated person in the school.
- It is the responsibility of the School Nurse to make the medicine available to the student or delegate this task to another staff member who has the appropriate training.
- Written authorizations are valid for the current school year.
- It is the responsibility of the parent to notify the School Nurse of any changes in the medicine. (dosage, times, etc)

Prescription Medication

- A signed permission slip from a parent or guardian must be on file.
- A written authorization from the child's physician is required.
- The medication must be provided by the parent/guardian in an individual pharmacy labeled bottle for the student who is to receive it. Medication will be given as directed on the pharmacy label and physician's order.

Non-Prescription/over-the-counter Medication

- A signed permission slip from a parent or guardian must be on file.
- A written authorization from the child's physician is required.
- Non-prescription medication must be in the original pharmaceutical container.
- Homeopathic preparations must have physician's authorization.

It is the responsibility of the parent to pick up their student's medicine at the end of the school year or it will be disposed of by the School Nurse.