

**AURORA PUBLIC SCHOOLS
HEALTH SERVICES**

PERMISSION TO GIVE MEDICATION AT SCHOOL

The school district is required by Colorado State Law to have a form signed by the parents and the physician of a student before prescription medication can be administered at school. For safety reasons, parents are requested to bring the medication directly to the nurse or health paraprofessional. In the event that an adult is unable to come to school, arrangements may be made with the school that include the following:

- ☐ A call to alert the health office medication is coming to school.
- ☐ The name of the medication and how much medication was sent.
- ☐ A pharmacy labeled container with the student=s name, name of the medication, dosage, time to be administered, and name of physician. The medication container should be sent in a sealed envelope.

If the procedure is not followed, medication may be kept in the office until the parent can identify the medication and verify the quantity. New forms must be completed with any changes in medication or dosage and at the beginning of a new school year . Unused medication not picked up by the parent will be discarded at the end of the school year. District policy encourages medication be given at home when medically possible.

TO BE COMPLETED BY THE PHYSICIAN:

PHYSICIAN'S SIGNED ORDER FOR MEDICATION ADMINISTERED AT SCHOOL

Child=s Name _____ Medication _____

Route of Administration _____ Dosage _____ Time _____

From _____ (date) To _____ (date)

Purpose of medication _____

_____ P

ossible side effects to _____

Physician=s Name _____ Phone Number _____

Physician=s Signature _____ Fax Number _____

I authorize this medication to be given to my child as directed above. I give my consent for the nurse to communicate with the physician regarding this medication.

Parent Signature _____

Date _____