

Del Norte School District C-7

PHYSICIAN'S AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Students required to take medication(s) prescribed by a physician during regular school days may be assisted by the school nurse or other designated school personnel. Medications, prescription and over-the-counter, are administered only if the school district receives specific written instruction from such physician and the parents or guardian of the student consent.

AUTHORIZATION TO ASSIST IN ADMINISTRATION OF MEDICATION

The medication requested below may be administered by the designated school personnel.

Student: _____ Grade: _____

Medication is given for (diagnosis/condition): _____

Medication: _____ Dosage: _____

Route (oral/shot, etc.): _____ Time of day to be given at school: _____

Anticipated length of time to be given at school: _____

Purpose of medication: _____

Possible side effects: _____

Physician Signature/Stamp: _____ Date: _____

PARENT REQUEST THAT SCHOOL ADMINISTER MEDICATION

I request that this medication be administered to my child by the designated member of the school staff in accordance with the instructions on the Physician's authorization. Please give my child their medication as ordered by the physician. I understand that it is my responsibility to furnish this medication in a pharmacy labeled container indicating: Child's name, name of drug, dosage, and instructions for administration, or in its original unopened and labeled packaging.

I will notify the school IMMEDIATELY if the medication is to be changed, discontinued, and/or if we change physicians.

It is understood that the medication is administered solely at the request of, and as an accommodation to, the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designee employed by the School District, the undersigned parent or guardian hereby agrees to release the School District and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication.

I hereby give my permission for my student: _____ to take the above named prescription at school as ordered.

Parent Signature: _____ Date: _____

05/11/2017

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MEDICATION POLICY

Dear Parents/Guardians,

School personnel will only administer prescription or nonprescription medications to students when appropriate administration cannot reasonably be accomplished outside of school hours. If your student requires medication to be administered while at school medication will only be administered by the registered nurse or a delegate trained by the registered nurse when the following criteria are met:

1. The school shall have received written authorization to administer the medication from the student's health care practitioner with prescriptive authority under Colorado law. Authorization must include the student's name, name and indication for the medication, the medication dose and route, time the medication is to be administered and the anticipated length of time the medication will need to be administered at school.
2. The school shall have received written permission from the student's parent/guardian for medication to be administered to the student at school.
3. The parent/guardian shall have provided the medication to be administered to the school. Medication shall be in its original labeled packaging, unopened or a properly labeled container from the pharmacy.

We want to keep your student healthy and safe. If you have any questions or need assistance with this process please call the nurse's office at 719-657-3088.

Thank you for your assistance.

Briana Villagomez, BSN, RN
Del Norte School District Nurse

05/11/2017