



Custer County School District C-1
Post Office Box 730, Westcliffe, Colorado 81252
Main Office: 719-783-2291 / Office Fax: 719-783-4944
Administration: 719-783-2357 / Administration Fax: 719-783-2334

PERMISSION FOR PRESCRIPTION MEDICATION

Dear Parent:

If your child's healthcare provider decides it is necessary for your child to receive medication during school hours, the licensed provider's approval and specific directions must be provided to the school. According to the Colorado Department of Education guidelines, the following information is necessary:

1. A written order that the medication is to be given by the school nurse or delegated school personnel.
2. Name of medication, dosage, and the time of administration.
3. Anticipated number of days the medication is to be given.

No medication will be given without a signed written request from the parent/guardian and licensed authorized prescribing practitioner. Medication must be transported by an adult to the school nurse or office. Students who have been approved to carry and self administer their own medications may transport them to and from school. Controlled substances should not be transported by students.

The medication must be provided by the parent/guardian in an individual box or bottle with a current prescription label on the container. (Upon request, pharmacists have labeled containers to be used at school.)

Student's Name _____ Grade _____

Medication _____ Dosage _____

Time to be given _____

Purpose of medication/Diagnosis _____

Possible side effects _____

Anticipated number of days medication will be given at school _____

Signature of Health Care Provider with Prescriptive Authority

Date

I hereby give permission for _____ to take the above prescribed medication as ordered. I understand it is my responsibility to provide the medication in a properly labeled container to the school nurse. I hereby agree to release Custer County 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.

Parent's/Guardian's Signature _____ Date _____

Please contact the school nurse, Carmalene Odle, RN with questions: 719-783-4920.