

**Platte Canyon School District
Medication Administration Permission**

The parent/guardian of _____ ask that school staff give the
(Child's name)
following medication _____ at _____
(Name of medicine and dosage) (Time(s))
to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

Platte Canyon School District agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardian's responsibility to furnish the medication. In order to assure the safety of students, all medications must be brought to school by a parent/guardian.

Prescription medications must come in a container labeled with: child's name, name of medicine, when medicine is to be given, dosage, date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

Over the counter medication must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider/clinic to share information regarding the care of my child's illness/injury/medication with School staff.

_____ is capable of self-carrying and administering his/her rescue medication. I
(Student's name)
release Platte Canyon School District from liability surrounding use of this medication. Initials: _____

Parent/Legal Guardian's Name Parent/Legal Guardian Signature Date

Name of Health Care Provider Prescribing Medication Phone

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***Health Care Provider Authorization**

Child's Name: _____ Birthdate: _____

Medication: _____

Dosage: _____ Route _____

To be given at school at the following time(s): _____

Special Instructions: _____

Yes _____ No _____ This student has been instructed and is capable of self-administering the medication.

Purpose of medication: _____

Side effects that need to be reported to the parent : _____

Starting Date: _____ Ending Date: _____

Signature of Health Care Provider With Prescriptive Authority

Prescriptive Authority #

Please ask the pharmacist for a separate medication bottle to keep at school. Thank you!

Fax to: Deer Creek Elementary 303-816-0162 Fitzsimmons Middle 303-679-7506 Platte Canyon High 303-679-7497
