St. Vrain Valley School District - Department of Student Services

Permission for Medication

Dear Parent:

We attempt to discourage administration of medication in the schools. However, if your physician decides it is necessary for your child to receive medication during the school day, his approval and specific directions must be provided to the school. It is recommended the first doses of medication be administered at home.

Send the medication to the school in the original or a duplicate box or bottle with the current prescription label on the container. Upon request, pharmacists have labeled empty containers to be used.

Please have your physician record his instructions regarding the administration of your child's medications.

Name of student_____

School_____ Grade_____ Teacher_____

TO BE COMPLETED BY PHYSICIAN

Medication_____ Dosage_____

Purpose of Medication_____

Time of day medication is to be given_____ Possible side effects _____

_____

Anticipated number of days it needs to be given at school _____

Date_____ **Signature of Physician**_____

TO BE COMPLETED BY PARENT

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 any person employed by the St. Vrain Valley School District, the undersigned parent or guardian hereby agrees to release the St. Vrain Valley School District and its personnel from any legal claim which they now have or may hereafter have arising out of the administration of or failure to administer the medication to the student.

I hereby give my permission for _____ to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication.

Date_____ **Signature of Parent or Guardian**_____

Date_____ **Principal**_____ Date_____ **Health Clerk**_____

Date	Time	Given By

Date	Time	Given By

Student's Name_____ Grade_____ Teacher _____
Medication_____
Dose_____ Directions_____

Date	Time	Given By