



**HEALTH CARE PROVIDER'S AUTHORIZATION
FOR THE ADMINISTRATION OF MEDICATION
BY SCHOOL PERSONNEL**

Parent/Guradian:

If your child must have medication of any type, **including over-the-counter medicine** , given during school hours, you may:

- Come to the school and administer it to your child at the appropriate time; **or**
- Discuss with your health care provider an alternative schedule to administer medications outside of school hours; **or**
- Complete, in its entirety, the attached form **signed by your Health Care Provider (with prescriptive authority) and by you the parent/or guardian**; and
- **Provide the medication in the original labeled pharmacy container** which includes the child's name, name of medicine, specific dosage amount (such as 2 tabs/tsp/puffs every 4 hours - NOT a range such as 1-2 tabs/tsp/puffs every 4-6 hours), and instructions for administration. For over-the-counter medication, please provide the medicine in a new, unopened bottle with all labels AND write the Student's full name on the bottle/container.

Remember, staff at Thomas MacLaren School may only administer medications at school with the properly completed documentation and the medication in the original, properly labeled container. Non-FDA approved substances, including herbs, supplements, essential oils, etc., will NOT be administered at school.

Kind Regards,

Terra Fisk, RN, BSN | School Nurse

Phone 719.313.4488 | Secure Fax: 866.587.2608

1702 N. Murray Blvd., Colorado Springs, CO 80915

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 may be administered only if the school receives specific written instructions from the physician and parent/guardian of the student.

Authorization to Assist in Administration of Medication

Student: _____ Birthdate: _____ Grade: _____

Medication: _____ Purpose of Medication: _____

Possible Side Effects: _____ Dosage: _____ Route: _____

Start Date: _____ End Date: _____

Time of day to be given at school: _____

Physician Office Number & Fax Number: _____

Physician Signature/Stamp: _____

Parent Request that School Administer Medication

I request that medication be administered to my child by the designated member of the school staff in accordance with the instructions on the Health Care Provider's authorization. Please give my child their medication according to the above authorization. Any special instructions are noted here:

It is understood that the medication is administered solely at the request of, and as an accommodation to, the undersigned parent/ guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designee employed by Thomas MacLaren School, the undersigned parent/guardian hereby agrees to release Thomas MacLaren School 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 will notify the school **immediately** if the medication is to be changed or terminated, or if we change health care providers.

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

Date: _____

Parent/Guardian Signature: _____