

REQUEST FOR MEDICATION/ MEDICAL PROCEDURES TO BE GIVEN AT SCHOOL

Name of School		
Name of Student	Date of Birth	Grade
Name of Medication/Medical Procedure	Dosage	Time(s) each day
Date to Begin Medication/Medical Procedure	Date to End Medication/Medical Procedure	
Medical Diagnosis		
Expected Action of Medication/ Medical Procedure/Side Effects (please write on reverse if additional space is needed or attach additional pages)		

The undersigned understand and agree that the above medication/medical procedure may be administered by non-nursing staff of Mesa County Valley School District #51 in accordance with the above instructions.

Physician

Name	Telephone
Signature	Date

Parent/Legal Guardian

I hereby give permission for the school to administer the medication and treatments as prescribed above. I also give permission for the school to contact the above health care provider regarding the administration of this medication/medical procedure and share the above information with pertinent school staff.	
Name	Telephone
Signature	Date

LETTER TO PARENTS

Date:

Parent/Guardian Name _____

Address:

It is the intent of the school that children receive medications at the specified times prescribed for them by their physician. However, School Board Policy JLCD reads:

“No medication, including drugs as such term is defined in Section 12-22-102(11), C.R.S., prescription or nonprescription, shall be administered to a student by any school employee except in accordance with written instructions from the student's parent or legal guardian together with express written directions to school officials from the student's physician concerning the appropriateness and method of administration. School personnel shall provide the time and place for students to take properly prescribed and authorized medicine.”

Guidelines for Medication:

No medication can be given at school until Nursing Form 2 is completed, signed by physician and parent, and returned to the school.

Thank you,
Nursing Services