COLORADO Early Colleges
Colorado Springs

First Name:______________________________
Last Name:______________________________

Health Care Provider Authorization to Administer Medication in School:

Students may not carry prescription medication. It must be kept in the school nurse's office. The medication will be provided by the parent/guardian in the original container in which it was purchased. In order for prescription medication to be administered during school hours, the following must be completed by the health care provider and the parent/guardian. When ordering the medication, please ask the pharmacist to provide an additional empty, labeled bottle to be stored at the school.

Student:____DOB: ____________________

Medication:________________________________Dosage: ____________________________

Route:__________________________To be given at following times: ________________________

Special Instructions:____

Purpose of medication: ____

Potential Side effects: ____

Parent/Guardian Signature: ____

Medical Provider Signature/Stamp: ____

Medication will not be administered without doctor's signature.