

Permission for Medication**Dear Parent/Guardian,**

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

Bring in the medication to the school in the original or a duplicate box/bottle with the current prescription label on it. (Upon request, pharmacists can label empty containers to be used.)

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

Student Name _____ DOB _____
 School _____ Grade _____ Teacher _____

TO BE COMPLETED BY PHYSICIAN

Medication _____ Dosage _____ Time _____
 Medication Purpose _____ Side effects _____

 Date Printed Name of Physician Signature of Physician

TO BE COMPLETED BY PARENT/GUARDIAN

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent/guardian. I consider the acceptance of the request to perform this service by any person employed by the St. Vrain Valley School District, the undersigned parent/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 at school as ordered. I understand that it is my responsibility to furnish this medication for _____ to take the above prescription.

Se entiende que el medicamento es administrado solamente al ser solicitado o como un arreglo hecho por el abajo firmante padre/guardián. En consideración a la aceptación de lo solicitado para que este servicio pueda ser desempeñado por cualquier persona empleada por el Distrito Escolar del Valle de St. Vrain, el abajo firmante padre/guardián comunica y está de acuerdo por medio de la presente que libera al Distrito Escolar del Valle de St. Vrain y su personal de cualquier demanda legal que puedan tener ahora o pueda surgir o crearse en el futuro por la administración del medicamento al estudiante.

Por medio de la presente yo doy mi autorización o permiso para que _____ tome la receta o medicamento en la escuela como fue ordenada. Entiendo que es mi responsabilidad el proveer o surtir esta medicina.

 Date/Fecha Parent/Guardian Signature Firma del Padre/Madre/Guardián Phone/Teléfono