

DENVER COMMUNITY SCHOOL DISTRICT  
MEDICATION AUTHORIZATION AND CONSENT

DATE \_\_\_\_\_ TEACHER \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENTAL CONSENT FOR ADMINISTERING \_\_\_\_\_ PRESCRIPTION MEDICATION  
(in original container)

\_\_\_\_\_ NONPRESCRIPTION MEDICATION  
(in original unopened container)

NAME OF MEDICATION, DOSE, AND TIME TO BE GIVEN:

\_\_\_\_\_  
\_\_\_\_\_

ROUTE OF ADMINISTRATION (i.e. - oral, eye, ear) \_\_\_\_\_

REASON FOR MEDICATION \_\_\_\_\_

DURATION (day, week, month, etc.) \_\_\_\_\_

POSSIBLE SIDE EFFECTS \_\_\_\_\_

MY STUDENT IS KNOWLEDGEABLE ABOUT THIS MEDICATION. Yes \_\_\_\_\_ No \_\_\_\_\_

MY STUDENT MAY SELF-ADMINISTER THIS INHALER AS NEEDED FOR ASTHMA.

(check only if applicable) Yes \_\_\_\_\_ No \_\_\_\_\_ (If YES, a physician signature is required by law)

\_\_\_\_\_  
(Physician)

\_\_\_\_\_  
(Physician phone number)

I request the above student to be given medication at school and school activities by qualified staff, according to the prescription or non-prescription instructions and record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know. I agree to provide safe delivery of medication to and from school and to pick up remaining medication or it will be properly destroyed.

\_\_\_\_\_  
(parent/guardian signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(work phone)

\_\_\_\_\_  
(home phone)

\_\_\_\_\_  
(cell phone)

### **Medication Administration Procedure:**

**A Medication Authorization and Consent Form is required for all prescription and over-the-counter medications to be given at school.** Medications will be administered by the school nurse or staff members who have successfully completed a medication administration course. Antibiotics prescribed three times a day should be given at home. Permission forms are available on the Denver Schools website.

### **Health Concerns:**

It is important to inform the school of any health concerns regarding your child that may affect school performance. Examples of health concerns are: Asthma, ADD/ADHD, Allergies (Including food allergies), Diabetes, Seizures, and Headaches.

### **Food Allergies:**

If your child has a known food allergy, please make certain to notify your school nurse. A form needs to be completed and signed by your child's healthcare provider. This form can be found on the Denver Schools website or in the Health Office.

### **Communicable Diseases:**

It is important to inform the school of any communicable diseases that your child has contracted. Examples would be chicken pox, impetigo, strep throat, fifth disease, conjunctivitis, ringworm, and mono.

### **When to keep your child home from school:**

\*Vomiting and/or diarrhea within the past 24 hours

\*Fever of 100 degrees or higher (May return when fever reducing meds are not used)

\*Undiagnosed rash (Health care provider will need to diagnose)

\*Persistent Cough

\*Sore throat

\*Antibiotics for infection (Child should remain home the initial 24 hours of treatment)