Medication Administration Permission Form 2018



The parent/guardian of	ask that Colorado Academy		
staff give the (chil	ld's name)		
medication described below to my child, accor	•	instructions on the lower pa	art of this form.
Parents/guardians MUST supply any of child. The expiration date on the medicat			•
Medications must come in a container lab medicine is to be stopped, and licensed he on the label	peled with: child's name, name of medicin	e, time medicine is to be giv	en, dosage, date
Over the counter medication must be lab authorization, and medicine must be pack	=	ch the signed health care pro	ovider
All medication must be picked up by the p school will be discarded according to the r			
By signing this document, I give permission for medication with the nurse or school staff administered to my child solely at my request not have the medical personnel on staff at administered by the divisional administrative asservice by personnel employed by Colorado liability, claims or demands for any damage, I the medication.	f delegated to administer medication. t and as an accommodation to me and mall times to assist in the administration assistant or designee. In consideration of Academy, I hereby agree to release Control of the contro	Further, I acknowledge the sychild. I understand Colorace of medication and that meethe acceptance of the requestolorado Academy and its personal of the sychological	at medication is do Academy does edication may be st to perform this ersonnel from all
Print Parent/Guardian Name	Parent/Guardian Signature		Date
Work Phone	Home Phone		
********************	Health Care Provider Authorization	***********	******
Child's Name:		Birthdate:	
Medication:	Exact Dose	Route	
To be given at the following time(s):	Starting Date:	Ending Date:	
Purpose of medication:			
Special Instructions including side effects to be	e reported:		
Signature of Health Care Provider with Prescriptive Authority		License Number	
Print Name of Health Care Provider	Dat		Phone
FOR SCHOOL USE ONLY: MEDICATION VERIFICATION	ATION CHECK LIST		
Delegating RN Signature:			

Delegated Staff Signature :

Completed form must be returned before camper can attend (Mail, fax, or email acceptable). Fax: 303-914-2532. Email: summer.programs@coloradoacademy.org.