Medication Administration Permission Form 2022



The parent/guardian of		_ ask that Colorado	
Academy staff give the			
child's r) medication described below to my child, according	-	ned instructions on the lov	wer part of this form.
Parents/guardians MUST supply any of the m	nedication(s) to Colorado Acade	emy that may be admin	istered to your child.
The expiration date on the medication bottle	MUST NOT EXPIRE BEFORE EN	ND OF SUMMER PROGR	RAM.
Medications must come in a container labeled medicine is to be stopped, and licensed health on the label			_
Over the counter medication must be labeled authorization, and medicine must be packaged	_	natch the signed health ca	are provider
All medication must be picked up by the parer school will be discarded according to the most			
By signing this document, I give permission for my medication with the nurse or school staff delegated to my child solely at my request and as an accommedical personnel on staff at all times to assist in divisional administrative assistant or designee. In cemployed by Colorado Academy, I hereby agree to for any damage, loss or injury to my child arising o	d to administer medication. Furthe modation to me and my child. I un the administration of medication a consideration of the acceptance of prelease Colorado Academy and i	er, I acknowledge that med nderstand Colorado Acad and that medication may the request to perform the ts personnel from all liabi	dication is administered emy does not have the be administered by the his service by personnel ility, claims or demands
Print Parent/Guardian Name	Parent/Guardian S	Signature	Date
Work Phone	Home Phone		
**************************************	**************************************	**********	********
Child's Name:		Birthdate:	
Medication:	Exact Dose	Route	
To be given at the following time(s):	Starting Date:	Ending Da	te:
Purpose of medication:			
Special Instructions including side effects to be rep			
Signature of Health Care Provider with Prescriptive		License Nun	nber
Print Name of Health Care Provider		Date	Phone
FOR SCHOOL USE ONLY: MEDICATION VERIFICATIO	ON CHECK LIST		

Delegating RN Signature:

Delegated Staff Signature:

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