COLO-NESCO SCHOOLS
PRESCRIPTION MEDICATION FORM
REQUEST TO GIVE PRESCRIPTION MEDICATION
DURING SCHOOL HOURS

Date: _____   Grade: _____

Students Name: _____

Name of medication: _____

Dosage/Route of medication: _____ Time to be given_____

Special Directives, signs to observe and possible side effects:

_____

_____

Prescriber's Signature_____ Date_____

Prescriber's Phone number_____ Fax #_____

Only those medications that are medically necessary during school hours should be sent to school. School personnel are not responsible for any ill affects which might occur from this medication.

Persons who may assist your child with medications include the school nurse and or trained school personnel. The information is confidential except as provided by the Family Education Rights and Privacy Act (FERPA) and any other applicable law.

Parent/Guardian Signature: _____

- Parent/Guardian must give written consent.
- Prescriber/Doctor's Signature REQUIRED ALSO.
- Medication must be brought into the school in the original container.
- Prescription medication should be dropped off to the school by parent and not sent with their child, for safety reasons.
- Students first and last name must be on the bottle.

Prescription medication that is not picked up by parent/guardian at the end of the current school year will be disposed of by assigned school personnel.

Reviewed by Jackie Dunlap, RN, School Nurse

Signature: _____ Date: _____

Form revised 9/14/2020

COLO-NESCO SCHOOLS
OTC: Over the Counter Medication

REQUEST TO GIVE MEDICATION AT SCHOOL FORM

Date:_____   Grade:_____

**Students
Name:**_____

NAME OF MEDCIATION:_____

Dosage: (Amount)_____

TIME TO BE GIVEN:_____

**Parent's/GUARDIAN
Signature:**_____

Only those medications that are medically necessary during school hours should be sent to school. School personnel are not responsible for any ill effects which might occur from this medication.

Persons who may assist your child with medications include the school nurse, and or trained school stuff.

- Parent/guardian must give written request.
- Medication must be in the original container.
- Student's first and last name must be on bottle

Medication that is not picked up by parent/guardian at the end of the current school year will be disposed of by school personnel.

Reviewed by RN, School Nurse

Print Name;_____ **Date:**_____