PERMISSION TO CARRY/SELF-ADMINISTER MEDICATION

STUDENT NAME _____ **DATE** _____

SCHOOL _____ **DOB** _____

MEDICATION _____ **DOSAGE** _____

Route of Administration _____ **Time/Frequency** _____

Purpose of Medication _____

Through my consultation with the above-named student's parent(s)/guardian(s), as well as my own assessment of the student ("Student"), I have determined that the Student is able to identify his/her correct medication, demonstrate correct self-administration of the above-listed medication ("Medication"), and has knowledge of the required dosage and timing/frequency of use of the Medication. The Student has knowledge of his/her condition and is sufficiently responsible and able to properly carry and self---administer the Medication during the school day. The Student has been instructed in the purpose, appropriate method, and frequency of use of the Medication and is capable of self-administering the Medication. A new form must be completed for all medication changes.

_____ _____

(Physician Signature) (Date)

_____ _____

(Physician's Printed Name) (Physician's Telephone Number)

It is understood that the Medication will be self-administered solely at the request of, and as an accommodation to, the undersigned parent(s) or guardian(s). The undersigned parent(s) or guardian(s) hereby agree(s) to release the Douglas County School District Re-1 and its personnel from any and all claim(s), which they now have or may hereafter have arising relating to an act or omission of the Student's use of the Medication.

_____ _____

(Parent or Guardian Signature) (Date)

For students diagnosed with asthma, anaphylaxis, severe allergies, and/or other related life-threatening conditions:

- ☐ The School Nurse and the above-referenced Physician have collaborated to formulate a health care management plan, which is attached to this form.
- ☐ The School Nurse, the above-referenced Physician and the Student have entered into a Permission to Carry/Self Administer Medication Contract which is attached to this form.

Adopted: October 1, 1991
Revised: April 4, 2006, to conform to current law; December 8, 2005; May 16, 2006; May 15, 2015; May 11, 2017
Cross Ref.: JLCD
Legal Refs.: C.R.S. 22-1-119

Douglas County School District Re-1, Castle Rock, Colorado