

$Medication\,Agreement\,\hbox{--} 1$

Annual Authorization from a Parent/Legal Guardian and Health Care Provider is Required for **All** Medication!

As Parent/Guardian of:	Grade:	Date of Birth	/_	/
Student's Name				
I give permission to Jefferson County Public Schools trained staff to a diprovider (practitioner with prescriptive a uthority in the state of Coloral member who has been trained and delegated by the District RN for me	do). All medications are admini	stered by a District Registe	ered Nurse	e or staff
1. In compliance with Jeffco Public School District Policy JLCD, Administrating a school-sponsored event must be accompanied by a med All medication includes prescription, over the counter, herbal/hom	dication a greement signed by a	health care provider and a		
 All medication must be supplied in the original pharmacy container doses per day, times of administration, and date of expiration, as w 	with label stating student's na ell as date of discontinuation, i	me, name of me dication, c fre levant.		ute, number o
 Medication must not be expired. The earlier date of the manufactu Over-the-counter and herbal/homeopathic medications, including a manufacturer's dosage must be a ge-appropriate. If the health care in 	essential (or non-essential) oils provider is recommending a dos	must also be supplied in thage that is different than a	ne origina	
 instructions, then the health care provider must provide an additions District staffgives medication at the request of the parent/legal guardian agrees to release Jefferson County School District and staff of the administration of medication to the student that is consisten herbal/homeopathic, or essential (or non-essential) oils packaging. Per BOE policy JLC and Colorado Nursing Board Policy #30-04, District and packaging. 	ardian as an accommodation to ff from any and all claims which t with the prescription label an	the parent/legal guardian they now have or may the d/or direction label on the	ereafter had over-the	ave a rising ou -counter,
By signing, the parent/legal guardian agrees that Jefferson County Distregarding the student's medical condition, medication, and needs, and Jeffco Public Schools District RN Staff. It is understood that all health in accommodation plan in order to meet the educational needs of the students.	rict RN may contact the outside grants the health care provide formation is confidential and u	health care provider for f	urther i nfo nfidential i	ormation information to
Please Note: For medications given at home <u>and</u> at school, please ask the phare Be Advised: It is the parent/legal guardian responsibility to pick up student med			oluse.	
Print name of parent/legal guardian Signature of	of parent/legal guardian	 Date	/	/
Health Care Provider Signed Order for Medic (or non-essential) oils that a student will need to take during school or school sp				
Student's Name:				
Medication Name (one per form):		Dosage:		
Route: Frequency:	Times to be given at scho	ol:		
Starting Date:/ End Date: summer school.	//	<i>or</i> until the end of the sch	nool year,	induding
Purpose of Medication:		Allergies:		
Additional comments from the health care provider:				
Print Name of prescribing Health Care Provider	Phone	Fax		
Signature of Health Care Provider with prescriptive authority	Date	Clinic Name		
Print name of District RN Signature of				

District RN signature indicates that RN has reviewed the medication and medication order.