

COLORADO MILITARY ACADEMY

Administering Medication to Students (Permission for Medication)

Name of student: _____

School: _____ Grade: _____

Teacher: _____

Medication: _____ Dosage: _____

Purpose of Medication: _____

Time of day medication is to be given: _____

Possible side effects: _____

Anticipated number of days it needs to be given at school: _____

Date

Signature of physician

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed by Colorado Military Academy, the undersigned parent or guardian hereby agrees to release Colorado Military Academy and its personnel from any legal claim which they now have or may hereafter have arising out of the administration of or failure to administer the medication to the student.

I hereby give my permission for _____
to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication.

Date: _____

Signature of parent or guardian

School Nurse Signature _____

Note: The prescription medication is to be brought to school in a container appropriately labeled by the pharmacy or physician stating the name of the medication and the dosage.