MAPLETON PUBLIC SCHOOLS

Department of Student Services

PARENT'S REQUEST FOR GIVING MEDICATION AT _____SCHOOL

I request that my child _____ _____ receive the medication prescribed
(C*hild's Name)* *(Date of Birth)*

by _____ at _____ for
(Physician's Name) *(Telephone Number)*

the period from _____ to _____
(Starting Date) *(Ending Date)*

according to the Health Care Provider's signed instructions on the lower part of this form.

Prescription medications must come in a container labeled with: child's name, name of medicine, when medicine is to be given, dosage, and date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.
Over the counter medication must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent/guardian. In consideration of the acceptance of the request to perform this service by any authorized person employed by the Mapleton Public School District, the undersigned parent/guardian hereby agrees to release the Mapleton Public School District 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 the above named student to take the prescription listed below at school or school sponsored activities as ordered. I understand that it is my responsibility to furnish this medication.

I understand that it is my responsibility to pick up my student's medications when they have expired, the school year ends, or my student withdraws. Any medication that is left at the school will be discarded according to the Colorado Board of Pharmacy recommendations.

_____ _____
(Signature of Parent/Guardian) *(Date*

HEALTH CARE PROVIDER AUTHORIZATION

Name of Medication: _____

Dosage: _____ Route: _____

To be given at school at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

Side effects that need to be reported to the parent: _____

_____ _____
*(Signature of Health Care Provider **with** Prescriptive Authority)* *(Date)*

FOR SCHOOL USE ONLY: MEDICATION VERIFICATION CHECK LIST

District Registered Nurse Name & Signature: _____/_____Date: _____

Fax to nurse @ 303-358-1426 after signed by parent and health care provider

Revised: 04/2016

MAPLETON PUBLIC SCHOOLS

Department of Student Services

PETICIÓN DE LOS PADRES PARA ADMINISTRAR MEDICAMENTOS EN LA ESCUELA

Medicamentos Recetados necesitan estar en un frasco con una etiqueta que contenga la siguiente información: nombre del estudiante, nombre del medicamento, cuando se debe de dar el medicamento, dosis, fecha que se tiene que dejar de dar el medicamento, y el nombre del Proveedor de Cuidado de Salud Certificado. El nombre y número de teléfono de la farmacia también deben de estar incluidos en la etiqueta.
Medicamentos sin Receta deben de tener una etiqueta con el nombre del estudiante. Dosis debe de ser igual a la autorización firmada por el Proveedor de Cuidado de Salud, y el medicamento deber estar en el paquete original.

Esta entendido que el medicamento es administrado únicamente por la petición y para complacer al padre/guardián que ha firmado. En consideración de la aceptación de la petición para cumplir este servicio por cualquier individuo autorizado y empleado por el Distrito de las Escuelas Públicas de Mapleton, el padre/guardián que ha firmado esta de acuerdo de relevar al Distrito de las Escuelas Públicas de Mapleton y el personal de cualquier demanda legal que puedan tener ahora o que puedan surgir en el futuro acerca de la administración o del fracaso de no administrar el medicamento al estudiante.

Yo doy mi permiso para que el estudiante mencionado arriba tome la receta que se encuentra en la parte de abajo, en la escuela o en actividades patrocinadas por la escuela como ha sido ordenado. Yo entiendo que es mi responsabilidad facilitar el medicamento.