

# MEDICATION ADMINISTRATION AT SCHOOL

Crown Pointe Academy, 2900 W. 86<sup>th</sup> Ave., Westminster, CO 80031  
303-428-1882 Office 303-428-1938 Fax

**Crown Pointe Academy** has a medication policy that is in accordance with Colorado school health guidelines. The policy states that both prescription and over the counter medications (non-prescriptions medications) may be given at school when the following conditions have been met:

1. A **signed parental permission** clearly stating the name of the medication and the time to be given at school has been received by your child's school.
2. Medication must be in the **original container** labeled with the name of the doctor prescribing the medication, the date, the time it is to be given, how the medication is taken and dosage. (Over the counter medications or non-prescription medication must be in the original container or individual "bubble pack" wrapping).
3. Parent's permission and original container must be accompanied by a **doctor's signed statement** containing instructions matching those on the container.

**School staff is not allowed to give any medications unless all requirements have been met.**

We request that whenever possible your child receives his/her medication at home. We would appreciate a maximum 30-day supply at school for a child with ongoing medications. If you any questions, please contact the school.

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## PERMISSION FOR MEDICATION: TO BE COMPLETED BY PARENT

(A separate form must be completed for each medication)

By signing below, I request and give permission to Crown Pointe Academy to administer medication to my child. I understand that it is my responsibility to provide any medication alterations (such as pills that need to be cut in half). I understand that this information may be shared with appropriate school personnel as needed. I give permission for staff to contact the physician as needed regarding this medication. Any prescription changes will require additional completed and signed Permission for Medication form. I also agree to bring this medication to school in the original prescription container clearly labeled with student's name, physician, medication, date, route, time to be given and dosage. Prescription and over the counter medication must be in original container or individual "bubble pack" wrapping and must have both parent and physician written permission.

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route (how to be taken): \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Please print)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## TO BE COMPLETED BY PHYSICIAN

Patient's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Time(s) to be given at school: \_\_\_\_\_ Side effects that may need to be reported: \_\_\_\_\_

Daily prescribed medications may be given late with parent verbal authorization to med cert. staff  Yes  No

Number of days medication needs to be given at school: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_  
(Please Print)

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_