VINELAND MIDDLE SCHOOL
1132 36TH Lane Pueblo, Colorado 81006
Phone: (719) 948-3336 Fax: (719-948-2323)

Authorization to Administer Medication at School

Name of student ________________________________ DOB __________________

Phone _____________________ Grade/Teacher _____________________________

In my opinion, it is necessary to administer the following medication during the school day:

Medication ______________________________ Dosage ______________________

Time of day to be given __________________________Route ___________________

Purpose of Medication ____

****Physician, if prescribing an inhaler:** The above named student has my permission to carry an inhaler on their person while at school _____ yes _____ no
(please initial)

____ Date _____________
Physician Signature
Dr. phone # ________________________

It is understood that 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 the school nurse or delegate employed by School District No. 70 and it's personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication.

I hereby give my permission for (student name) ____________________________ to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication and I will personally bring it to the school in its original, labeled container (instructions/dosage on container must match physician's order). If the prescription is changed, a new form for parent consent and a new physician's order must be completed before school staff can administer the new medication.

____ ______________________
Parent / Guardian Signature Date

Home phone _______________Cell_______________ Work phone ________________