

ehills preschool
25511 E. Smoky Hill Road
Aurora, CO 80016
(303)699-1470 ext 141
(303)265-9054 Fax

PERMISSION TO GIVE ANY MEDICATION AT SCHOOL

ehills preschool is required by Colorado State Law to have this form signed by the parent and the Health Care Provider of a student before medication can be administered at school. For safety reasons, parents are requested to bring the medication directly to the Director. Prescription medications **MUST** be in a pharmacy-labeled container that includes the child's name, medication, dosage, the prescriber's name and directions for administration. Non-prescription drugs must be in original packaging.

New forms must be completed with any changes in medication, dose or time to be given. The parent agrees to pick up expired or unused medication within one week of notification or it will be destroyed.

To be completed by Licensed Health Care Provider

Child's Name _____ Date of birth _____

Medication _____

Dosage _____ Route _____

To be given at the following time(s) _____

Special Instructions _____

Purpose of medication _____

Side effects that need to be reported _____

Starting Date _____ Ending Date _____

Signature of Health Care Provider with Prescriptive Authority _____ License Number _____

Print Name of Health Care Provider _____ Phone _____ Fax _____

ALL REUSE INHALERS AND EPIPENS NEED TO BE STORED WITH THE DIRECTOR

By signing this document, I give permission for any staff who has received the Medication Administration Training, to administer the medication as prescribed. Should the Director of ehills preschool have any concerns about this order, I give my permission for this Health Care Provider to share information about this medication administration.

Parent/Guardian Signature _____ Date _____

This consent must be resubmitted at the beginning of every school year.