Platte Valley School District RE-7
Medication Administration at School

The Parent/Guardian of ____________________________________ask that Platte Valley health care staff
(Student's name)
give the following medication____________________________________ At________ /or every ____ hours,
(Name of medication and dosage)
(time/frequency)
for the following reason(s): ____.

Prescription Medications- Prescription medications must be brought to school in the original prescription container, appropriately labeled by the pharmacy or physician stating the name of the medication and the dosage, along with the order for the medication to be given.

Over the Counter Medications-Over the counter medications require a doctor's order or prescription, and a parent/guardian's signature to be given at school. This includes Tylenol/Acetaminophen, Advil/Ibuprofen, and Benadryl/Diphenhydramine.

By signing this document, I understand that the medication is administered solely at the request of and as an accommodation to the parent/guardian. In consideration of the acceptance of the request to perform this service by the school nurse or the nurse's delegated staff of Platte Valley School District, the parent/guardian agrees to release Platte Valley School District RE-7 and its personnel from any legal claim which they now have or may hereafter have, arising from side effects or other medical consequences from this medication.

I hereby give my permission for _________________________________to take this medication at school as ordered.

____ Date __________________________
(Signature of Parent/Guardian)

Name of Child ____ Date of birth _______________ Grade _____

Medication ____Dose _____________ Route ______________

Purpose of medication __________________________________Time or frequency to be given _____________

Special Instructions ____

Side effects to be reported ____

Start Date __________________________ End Date ____________________

____ Date __________________
Signature of Physician Phone number

***HCP can fax orders with their signature to 970-336-8635 Attn: Amber Guillot RN, BSN**