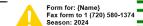
Medication Administration Permission Form 2024



The parent/guardian of		ask that Colorado	•
Academy staff give the	I		
(child's name) medication described below to my child, according to the Health Care Provider's signed instructions on the lower part of this form.			
Parents/guardians MUST supply any of th			•
child. The expiration date on the medicatio			
<u>Medications</u> must come in a container labeled w medicine is to be stopped, and licensed hea on the label			. •
Over the counter medication must be labeled w and medicine must be packaged in the origin		ne signed health care pro	vider authorization,
All medication must be picked up by the parent abe discarded according to the most current			
By signing this document, I give permission for medication with the nurse or school staff administered to my child solely at my request a not have the medical personnel on staff at al administered by the divisional administrative as service by personnel employed by Colorado Aca claims or demands for any damage, loss or in medication.	delegated to administer medication. and as an accommodation to me and numbers to assist in the administration of the consideration of the demy, I hereby agree to release Colorace.	Further, I acknowledge my child. I understand Co of medication and that the acceptance of the re do Academy and its perso	e that medication is lorado Academy does t medication may be equest to perform this onnel from all liability,
Print Parent/Guardian Name	Parent/Guardian Sign	nature	Date
Work Phone	Home Phone		
*******************	Health Care Provider Authorization	*********	*******
Child's Name:		Birthdate:	
Medication:	Exact Dose	Route	
To be given at the following time(s):	Starting Date:	Ending Date	e:
Purpose of medication:			
Special Instructions including side effects to be r	eported:		
Signature of Health Care Provider with Prescripti	ive Authority	License Numb	er
Print Name of Health Care Provider	Da	te	Phone
FOR SCHOOL USE ONLY: MEDICATION VERIFICATION	ION CHECKLIST		

Delegating RN Signature:

Delegated Staff Signature:



Completed form must be returned before camper can attend (Mail or email acceptable).

Email: summer.programs@coloradoacademy.org.

