

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_



**Colorado Springs Early Colleges**  
Charter High School | *focus on college and career*

**Health Care Provider Authorization to Administer Medication in School:**

Students may not carry prescription medication. It must be kept in the school nurse’s office. The medication will be provided by the parent/guardian in the original container in which it was purchased. In order for prescription medication to be administered during school hours, the following must be completed by the health care provider and the parent/guardian. When ordering the medication, please ask the pharmacist to provide an additional empty, labeled bottle to be stored at the school.

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Route: \_\_\_\_\_ To be given at following times: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Potential Side effects: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Medical Provider Signature/Stamp:** \_\_\_\_\_

**Medication will not be administered without doctor’s signature.**