

**SCHOOL MEDICATION POLICY
ZION LUTHERAN SCHOOL
303-659-3443 fax 303-659-2342**

In accordance with the Colorado State health Department rules and regulations (14.5 and 14.6), Zion Lutheran School has procedure regarding students taking medication at school. The rules and regulation are the same for prescription and /or nonprescription medications.

Medications are rarely necessary for students during the school day. If a physician wants to prescribe medicine for your child, ask about longer lasting preparations so that doses during school hours can be eliminated. With some chronic health conditions or short-term acute illnesses, it is necessary to take medicine at school. In situations where the physician feels it is absolutely necessary for the child to be given a dose at school the following information is needed:

Student's Name	Purpose of Medication
Name of drug	Possible side effects
Dosage, time of administration	Physician's Signature
Anticipated number of days to be given at school	

This written physician's order (for prescription and/or nonprescription drugs) must be accompanied by a signed request from the parents giving school personnel permission to administer the medication and releasing the school from responsibilities pertaining to the administration of the prescribed medication. Neither the Colorado Board of Pharmacy nor the Colorado Department of Health recognizes the pharmacy labeled bottle as the physician's written authorization. The medication does need to be brought to school in it's original container.

MEDICATION CANNOT BE GIVEN AT SCHOOL WITHOUT THE ABOVE INFORMATION.

Permission for Medication forms are available in the school office and the local physicians. Medication must be locked in the Main Office during the school day.

It is the student's responsibility to come to the office at the appropriate time for the medication to be administered. A parent or legal guardian may bring medicine to school at the proper time and administer it.

This procedure was adopted for the safety of all students. Whenever possible, please arrange for students to take medicine while at home. Under no circumstances send medication to school without the necessary information from the physician, written permission from the parent, and the medication in it's original container.

PERMISSION FOR MEDICATION

Note: Please, make sure all blanks on this form are completed:

NAME OF STUDENT _____ GRADE/TEACHER _____

MEDICATION _____ DOSAGE _____

ROUTE OF ADMINISTRATION _____ PURPOSE OF MEDICATION _____

TIME OF DAY MEDICATION IS TO BE GIVEN AT SHCOOL _____

POSSIBLE SIDE EFFECTS _____

ANTICIPATED NUMBER OF DAYS IT NEEDS TO BE GIVEN AT SCHOOL _____

DATE _____

(Signature of Physician)

I hereby give my permission for _____ (Student's name) to take the above prescription at school as ordered. I hereby release the school and its personnel from responsibilities pertaining to the administration and consequences of such medication. I understand that it is my responsibility to furnish this medication. The prescription medication will be brought to school in a container appropriately labeled by the pharmacy stating the name of the medication and the dosage. All non-prescription medication will be brought in the original container. _____ (Signature of parent/Guardian) _____ (date)