

Student Medical Permission Form
TMHS-2018/19

**ONLY RETURN FORM IF YOUR CHILD TAKES MEDICATION
PHYSICIAN SIGNATURE REQUIRED**

Student Name: _____ Date of Birth: _____

Parent's Name: _____ Work Phone #: _____

Family Physician: _____ Dr. Phone #: _____

Medication: _____ Dosage: _____

Directions for use: _____

Physician's Signature: _____

Date: _____

I hereby give the Telluride School District permission to give the above-referenced medication to my child at school. I understand that I must immediately inform the School District if there are any changes in my child's medication regime. *(Please remember that medication brought to the school must be in the original bottle and **given to the front office staff only. Medication cannot be given to a student's teacher!**)*

Parent's Signature: _____

Date: _____

Telluride Middle/High School
970-728-4377ext 7103
970-369-7103
970-728-0257-Fax
Christine Tschinkel – School Nurse
Ctschinkel@telluride.k12.co.us

Thank you for helping us to provide a healthy and safe learning environment for your child.



Telluride School Medication Policy

Dear Parent(s):

It is recommended that every possible means be taken to give a student medication at home. If it becomes necessary for a student to take any form of medication, **both over-the-counter and prescription**, the following steps must be taken:

1. A physician's written authorization for the school to give the medication, stating the student's name, medication, dosage, time to be given, possible side effects and length of time to be given.
2. **Medication is to be in the original pharmacy container labeled with the following information:** the child's name, the doctor's name, the pharmacy name and telephone number, the date the prescription was filled, the expiration date of the medication, the name of the medication, the dosage of the medication, how often the medication is to be given and for how many days.
3. Written permission by the parent giving the school district authorization to administer the medication at school. Please fill out the medication form.
4. A medication log will be kept at school indicating the time the medication was given.
5. The medication will be stored in a clean, locked cabinet or container.
6. Medication can only be legally given by the registered school nurse or by school personnel whom the school nurse has trained and delegated the task of giving medications.
7. **If the medication is one that is prescribed for the entire school year, a new physician's authorization and parent's permission will be needed at the beginning of each new school year. Including Tylenol and Advil.**

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designee employed by the Telluride School district, the undersigned parent or guardian hereby agrees to release the Telluride School District and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication.