



Motivate Collaborate Support Develop

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Permission to Carry and Self-Administer a Medication at School

_____ has been instructed in the proper use of:
Student's Name D.O.B

_____ For: _____
Medication Purpose

Dosage: _____ Route: _____ Frequency: _____

We, _____ and _____
Healthcare Provider's **printed** name (Physician, NP, PA) Parent/Legal Guardian's printed name

confirm that this student be permitted to carry and self-administer the above medication at school. We deem this student to be responsible and he/she has been instructed on the following:

1. The **purpose, appropriate method, frequency, and pertinent protocol(s)** of the medication according to the Healthcare Provider's orders.
2. Carrying and use of medication in responsible manner.
3. The risks of carrying this medication/device and agreement that he/she will not allow another student to use the above medication/device.
4. If an Epi pen is used, the student shall immediately report the use to adult school personnel who will call 911 and activate the EMS per protocol.
5. Parent/guardian releases the school from liability surrounding use/misuse of this medication.
6. This contract is in effect for the current school year unless revoked by the student's Healthcare Provider or parent/guardian or the student fails to carry/use this medication in responsible manner.
7. Student will notify the school health office if he/she is having more difficulty than usual with his/her health condition.

Student Signature Date

Healthcare Provider Signature (Physician, NP, PA) Date

Parent/Legal Guardian Signature Date