



Academy of Arts and Knowledge

Creating an environment in which all students can reach their full potential

4800 Wheaton Drive, Fort Collins, CO 80525 Phone (970) 226-2800

Authorization and Release for Administering Medicine to Student at School or School-Sponsored Activity

A separate written Authorization and Release must be submitted each school year for each medicine to be administered to a student, and for each change in dosage, time(s), and/or route of administration.

Student Information: *(to be completed by parent)*

Student Name: _____	Date of Birth: _____
Grade: _____	School Year: _____
School/Activity where medicine is administered: _____	

Health Care Provider Authorization and Directions: *(to be completed by health care provider)*

Name of Medicine: _____	
The Medicine is: <input type="checkbox"/> Prescription	<input type="checkbox"/> Non-Prescription
Purpose of Medicine: _____	
Dosage: _____	Route: _____
Time(s) the Medicine is to be Administered: _____	
Starting Date: _____	Ending Date: _____
Printed Name of Provider: _____	Phone: _____
Signature of Provider: _____	Date: _____

Special Instructions – *Parents please read!*

Prescription Medication: Must be furnished in the original pharmacy labeled container. The student's name, name of the medicine, dosage, name of prescribing health care provider (who is required to furnish Health Care Provider Authorization and Directions above), date prescription was filled, and expiration date must be printed on the medicine container's pharmacy label. Allergy and Asthma plan forms are needed as applicable.

Non-Prescription Medication: All medication must be brought to the health office by a parent or guardian furnished in the original container labeled by the pharmaceutical company or other commercial distributor of the medicine and labeled with the student's name. This consent for Administering Medication as School Form must be completed and signed by the parent and by your child's health care provider, including for over-the-counter medications, cough drops, lotions, sunscreen, vitamins, and supplements.

Parent/Guardian Request, Permission, and Release *(read and sign by parent/guardian)*

I hereby request and my permission for TR Paul Academy of Arts and Knowledge (TPAAK) to administer to my child the medicine named in the above Health Care Provider Authorization and Directions, as specified by the health care provider. In connection with my request, I hereby authorize the health care provider to provide information to TPAAK personnel who may be involved in administering the medicine to my child. If board members, employees and agents from any and all liability, claims, causes of action, damages, demands of any kind whatsoever (except willful and wanton acts or omissions) that may be brought by my child or on my child's behalf for any and all damages, including personal injury to my child, arising out of or in connection with the administering of medicine to my child as provided above.

Parent/Guardian Signature: _____

Date: _____

AAK Employee Authorization Signature _____

Date: _____

All information has been reviewed by AAK School Nurse: _____

(School Nurse Initials)