

COLORADO SPRINGS SCHOOL DISTRICT #11

STUDENT MEDICATION FORM

Physician and Parent/Legal Guardian Request and Authorization for Medication  
to be Administered/Dispensed By School Personnel

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**PHYSICIAN:** *To be completed by a physician appropriately licensed by the state of Colorado*

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Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

Time of day and frequency each dosage is to be given \_\_\_\_\_

Possible side effects \_\_\_\_\_

Anticipated number of days medicine needs to be given at school \_\_\_\_\_

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

I have prescribed the medication identified above for \_\_\_\_\_ and requires that, for  
medical reasons, it be administered during school hours.

Date \_\_\_\_\_

\_\_\_\_\_  
(Physician's Name)

\_\_\_\_\_  
(Signature of Physician)

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**PARENT/LEGAL GUARDIAN:** *To be completed by the students parent or legal guardian*

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REQUEST AND AUTHORIZATION TO ADMINISTER MEDICATION: I, \_\_\_\_\_, the  
parent or legal guardian of \_\_\_\_\_, request and authorize that the medication identified above  
be administered to my student by school personnel as prescribed by her/his physician in the manner specified above. I understand  
that it is my responsibility to furnish this medication to the school in a properly-labeled container.

RELEASE FROM LIABILITY: Further, I, for myself and my heirs, survivors, agents, child, immediately family and personal repre-  
sentative, hereby fully release and forever discharge the School District, its directors, officers, employees, agents, representatives,  
attorneys, and successors and assigns, from any and all demands, claims, obligations, actions, liabilities, or damages of any kind or  
nature whatsoever, in law or in equity, whether known or unknown, suspected, now or hereafter arising, which related in any way to  
the administration of the medication provided by me.

Date \_\_\_\_\_

\_\_\_\_\_  
(signature of Parent or Legal Guardian)