

Student Medication Permit for Overnight Field Trips

If necessary, medications (prescription and/or over-the-counter) may be taken during the time away from school under the following conditions:

1. All medications must be ordered by providers with prescriptive authority in Colorado (MD, DO, NP, PA).
2. Medication permits are valid only for the time frame of the specific field trip or extended activity.
3. Written permission is required by both a parent/legal guardian and an appropriate medical provider
4. Prescription medications must be provided in the original, pharmacy-labeled container. Over-the-counter medications must be provided in their original packaging.
5. Designated Vanguard staff will administer medication(s) as directed, unless self-carry authorization has been approved by The Vanguard School nurse. Both parent/legal guardian and medical provider signatures must present on this form for Vanguard personnel to administer or provide any medications to students.

Activity: _____ Date(s): _____

Departure Time: _____ Return Time: _____

- The information requested below must be provided and must be signed by a health care provider.
- For prescription medication, the container provided must match the prescription as written below.

Student Name _____ Date of Birth _____

Medication: _____ Dosage: _____

Time to be given: _____ Route: _____

- If PRN (as needed) please note the minimum duration between doses.
- If medication is an inhaler, insulin, anticonvulsant, or auto injector, the student also needs a Health Care Plan signed by an appropriate medical provider.

Medical Provider Signature: _____ DEA #: _____

Medical Provider Name (print): _____

Medical Provider Phone: _____ Date: _____

I hereby give permission for my child indicated above to take the above-authorized medication(s) during the time away from school as ordered by the above medical provider. I understand that it is my responsibility to furnish all authorized medication(s) as per the above requirements and ensure that the medication has not expired. By signing this permit, I release the school health authority from responsibilities pertaining to possible side effects and give permission for my child's health care provider to share information about the administration of all medication(s) with the school nurse or designated school employee. By signing this document I affirm that I have explained to my child that they are to only use their medication(s) in accordance with the medical provider's orders and that they are not to share or distribute their medication(s) to any other student or adult.

Signature of parent/legal guardian

Date