



Self-Administer Only or Carry and Self-Administer Medicine during District-Sponsored Travel where nurse delegation is not permitted (all foreign countries and certain US states)

MIDDLE OR HIGH SCHOOL STUDENTS

Authorization & Release

A separate written Authorization and Release must be submitted for each medicine to be self-administered or carried and self-administered by the student, and for each change in the dosage and/or route of administration during the trip.

****This form is NOT to be completed for medical marijuana use.**

Section 1: To be completed by Parent/Guardian

Student Name: _____ Student ID#: _____

Date of Birth: _____ Grade: _____

Trip Departure Date: _____ Trip Return Date: _____

Name of Medication: _____

Student may: _____ Self-Administer Only* _____ Carry & Self Administer

* NOTE: The medication must remain with the student and packed in carry-on luggage for customs declarations.

Section 2: Health Care Provider Authorization & Directions

Name of Medicine: _____

The Medicine is: Prescription Non-Prescription

Purpose of the Medicine: _____

Dosage: _____ Route of Administration: _____

Time(s) the Medicine is to be administered: _____

Possible Side Effects of Medication: _____

Student may: _____ Self-Administer Only* _____ Carry & Self Administer

Printed Name of Provider: _____ Phone #: _____

Provider Signature: _____ Date: _____

Student Name: _____ Student ID#: _____

Name of Medication: _____

Section 3: Special Instructions

The student is only authorized to carry and self-administer from the Trip Departure Date through the Trip Return Date specified in Section 1 above, unless an emergency delays the trip's departure or return date in which case, this authorization is for the actual departure and return dates. The student shall always maintain the security of the medicine so that it may not be taken by or otherwise fall into another person's possession.

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.

Nonprescription Medication: Must be furnished in the original container labeled by the pharmaceutical company or other commercial distributor of the medicine.

Section 4: Parent/Guardian Acknowledgment, Authorization & Release

I acknowledge it is my responsibility to research and know the medication laws in the countries/states my child will be visiting, including all layover stops, even if not deplaning and that certain countries have prohibitions against traveling with controlled substances such as medication for ADHD and CBD products. Because a Colorado Registered Nurse license does not allow the delegation of medication administration outside the United States and in some states, and due to international travel laws, I understand my child must self-administer all medications when traveling outside the country or in states where a School District nurse may not have authority to delegate, and must keep this form, a prescription, or a letter from the prescribing clinician describing the treatment plan, with them always. I further acknowledge the medication must remain with my child and packed in carry-on luggage for customs declarations.

I hereby request and give my permission for Poudre School District R-1 to allow my child to self-administer only or carry and self-administer (as indicated in Section 1) the medicine named in the Health Care Provider Authorization and Directions in Section 2, as specified by the health care provider. In connection with my request, I hereby authorize the health provider to provide information to School District personnel who may be involved in preparing medications for the trip.

I hereby release and hold harmless the School District and its board members, employees and agents from any and all liability, claims, causes of action, damages and 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 my child self-administering or carrying and self-administering the medicine as provided above.

Signature: _____

Date: _____

Student Name: _____ Student ID#: _____

Name of Medication: _____

Section 5: Student Acknowledgement of Responsibility

I acknowledge that carrying and self-administering medicine at school or a school-sponsored activity is a privilege that may be lost if not exercised responsibly and safely, as determined by the trip sponsor or other adult chaperone, and that the Authorization for me to carry and self-administer the medicine noted above may be revoked at any time if I fail to comply with the rules set forth in district policy JLCD (Administering Medicines to Students).

Signature of Student: _____

Date: _____