



**THE COLORADO SPRINGS SCHOOL  
PERMISSION TO MEDICATE OFF CAMPUS  
LOWER AND MIDDLE SCHOOL**

During off-campus excursions, a student may need to take certain medications, vitamins, and supplements. In Lower and Middle School, all prescription medications, over-the-counter medications, vitamins, and supplements will be transported and administered by a CSS faculty member, in addition to any over-the-counter medications, to address any symptoms such as headache, gastrointestinal symptoms, allergies, colds, or injuries. CSS Faculty will travel with a First Aid Kit. If your student has an EpiPen for severe allergic reactions, this will be transported by a CSS Faculty member. A Middle School student is allowed to self-carry a rescue inhaler for Asthma.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Name of Off-campus event \_\_\_\_\_

**PRESCRIPTION MEDICATION, OVER-THE-COUNTER MEDICATIONS, VITAMINS, AND SUPPLEMENTS:**

Name, Dose, Time of day to be given, # of days to be given, and any special instructions for each medication. (ie. refrigeration, etc.). These medications will be transported and administered by a CSS faculty member. All medication should be delivered to the Health Coordinator. Parents are responsible for providing this medication in the originally labeled pharmacy container. Send only the amount of medication necessary for the duration of the trip, plus one extra in case one is dropped. Please list all the medications below and number them if multiple.

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I give my permission for a CSS faculty member to administer the above medication as ordered during the off-campus excursion.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**EPIPENS:** Any EpiPens stored on campus will be taken on the trip and included in the First Aid Backpack if you have submitted an EpiPen and submitted the proper paperwork to the Health Center.

**RESCUE INHALERS:**

PLEASE NOTE THAT A DAILY INHALER IS CONSIDERED A PRESCRIPTION MEDICATION. LS/MS students will have their classroom inhalers included in the First Aid kits for this trip, and a teacher will assist and record use.

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_