

Student Medication Paperwork

These forms must be completed before Eudaimonia staff is permitted to administer any medication, prescribed or over the counter.

Child Name: _____ Date: _____

As the parent/guardian of _____ (child's name), I ask that Eudaimonia staff give the following medication _____ (name of medicine and dosage) at _____ (time) to my child, according to the Health Care Provider's instructions.

Eudaimonia agrees to have our non-medically licensed staff member assist your child in taking medication prescribed by your licensed health care provider, per their instructions.

Prescription medications: must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, and date medicine is to be stopped, licensed health care providers name, pharmacy name, and phone number of pharmacy.

Over the counter medications: must be labeled with your child's name. Dosage must match the signed health care provider instructions below, and medicine must be in the original container.

PARENT/LEGAL GAURDIAN NAME: _____

SIGNATURE: _____ DATE: _____

Below to be completed by your child's Health Care Provider

Health Care Provider authorization for child to take medication while in program(s) at Eudaimonia

Child's Name: _____ D.O.B: _____

Medication(s): _____

Dosage: _____ Route: _____

To be given at the following time(s): _____

Special Instructions: _____

Potential side effects to report: _____

Starting Date: _____

END DATE: _____

Signature of Health Care Provider with Prescriptive Authority

License Number

Phone Number

Date

**Whenever possible, please ask pharmacist for a separate medicine bottle to keep at Eudaimonia. Thank You.*

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