

# Otho E. Stuart Middle School

## *Excellence for everyone, every day.*

Dear 6<sup>th</sup> Grade Parents/ Legal Guardians,

In preparation for Stuart 6<sup>th</sup> grade Outdoor Education days on Nov 1<sup>st</sup> and Nov 2<sup>nd</sup>, it is important to address the following:

Please notify **Sharon Theros, Health Assistant, 720-685-5509**, of any notable health condition as well as medications your child will need to take while at Outdoor Ed.

All students needing routine daily medication administration (prescription, over-the-counter, natural or herbal medications) are required, by law, to provide Parental and Health Care Provider (medical doctor, nurse practitioner, psychiatrist, or dentist) Written Consent in order to administer them to students.

Health clinics and providers are familiar with this state and school requirement and are ready to assist you. You can obtain a Medication Administration Form from Sharon Theros in the health office or online under parent tab, health services, helpful forms and overnight field trip medication authorization. Please note that the top portion of the form **MUST** be filled out and signed by a parent/legal guardian. The provider is expected to fill out the bottom portion completely including a signature and license number. The following information is required for all forms filled out:

Full Name	Date of Birth
Name of Medication	Purpose of Medication
Dosage	Route
Times to be given	Side Effects

Medication provided should be in the original container, with your child's name clearly visible on the bottle. This includes all medications (a black permanent marker works well for over the counter medications). Prescription medications need an original pharmacy label. All forms and medications must be turned into the school health assistant.

Please be advised that a licensed healthcare professional may not be on site to give the medication, but a responsible, trained, and Nurse Delegated staff member will be present to administer the medication to your student.

Please provide all required information no later than **10/02/18** to the school Health Assistant.

\*\*\*If your child receives daily medications in our health office and this information has already been provided, please disregard this letter, unless there are additional medications needing to be administered.

Thank you for your support in keeping our children safe!! Please let us know if you have questions or concerns.

**Haley Houtchens, BSN, RN, CPN**  
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