



Cherry Creek School District is committed to the professional school nurse model and employs a nurse in every building. The mission of Health Services is to promote student success through innovative school based health services for students, staff, and our school communities while we strive to become a model for the nation. Healthy students learn better and school nurses make a difference!

[Click HERE to download the 2018-19 Health Procedure Letter for Parents](#)

### **MEDICATIONS**

**Over-the-counter medications:** Written parental permission is required for administration of over-the-counter medications. Since many medications resemble another in appearance, medication must be sent to the school in the original manufacturer's container with the label intact. If a student requires a dosage outside the manufacturer's recommendations, a health care provider's authorization for the variation is required in addition to the parents signature. Since aspirin has been associated with Reyes Syndrome when given to children with influenza or chickenpox, medications containing aspirin may only be administered with a health care provider's and a parent/guardian's signature.

**Homeopathic/Herbal medications:** These medications may be considered to be over-the-counter medications, but require written permission for administration in the school setting by both a health care provider and the student's parent/guardian. Some homeopathic preparations may require a review from the Cherry Creek School District Medical Advisory Board.

**Prescription Medications:** Prescription drug medications require written permission for administration in the school setting from both a health care provider and a parent/guardian. Please complete and return the Permission to Give Prescription/Homeopathic Medication at School form below. Most pharmacies are able to provide an extra labeled container so that a prescription can be divided and placed in a properly labeled container for school use. If the dose or the directions change, a new form/container must be submitted. Medication shall be in the original, properly labeled container with the current date printed on the container, and all other parameters required for medication administration (student name, prescribing physician's name, drug name, dose, route, time and/or frequency).

[Click HERE to download the Permission to Give Prescription/Homeopathic Medication document.](#)

**Students with Allergies and Asthma:** Albuterol and Epinephrine should be kept in the clinic unless written permission for a student to carry these prescription drugs has been agreed to by the physician, parent, and school nurse. This written agreement form is located below and in the school clinic. It requires, in part, that the student has demonstrated the necessary maturity to keep it on their person. In general, students less than ten years of age should not be burdened with this responsibility. If your child has been diagnosed with asthma, the Colorado State Asthma Care Plan should be completed by the health care provider and parent/guardian. For allergies, the Allergy and Anaphylaxis Action Plan should be completed by both the health care provider and a parent/guardian.

[Click HERE to download the Allergy and Anaphylaxis Action Plan](#)

[Click here to download the Colorado State Asthma Action Plan document.](#)



**[Click HERE for K-12th Grade  
Required Immunizations  
2018-2019 School Year](#)**

**[Click HERE for Preschool  
Required Immunizations  
2018-2019 School Year](#)**

**[Click HERE for K-12th Grade  
Immunization Chart  
Required Vaccines for  
School Attendance](#)**

**[Click HERE for Recommended  
Immunization schedule for children  
and Adolescents 18 years or younger](#)**

**[Click HERE for Tri-County  
Immunization  
Opportunities 2018-2019](#)**

**[Click HERE for Low Cost  
Immunizations & Location  
Info 2018-2019](#)**