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## REFUSAL TO PROVIDE MEDICATION FORM

SCHOOL/DAYCARE/CAMP PROGRAM SITE: \_\_\_\_\_

From: \_\_\_\_\_  
(parent/guardian name)

Regarding: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(child's name)

When I enrolled my child at your school/site, I informed you that my child has the following medical condition \_\_\_\_\_. However, at this time I do not wish to supply you with any medication for the above-mentioned condition and I take full responsibility for any reactions or problems related to my child's condition while he/she is in your care. I acknowledge that I have been informed that if any emergency situation occurs, 911 will be called to provide care for my child. I also understand that if 911 is called, I am financially responsible for any bills incurred.

I have reviewed this with my child's medical care provider and their signature is below to concur with my decision in regards to my child's medical condition.

|                                       |                 |
|---------------------------------------|-----------------|
| ***Parent/Guardian Signature:         | Date:           |
| Parent/Guardian Printed Name:         |                 |
| ***Signature of Health Care Provider: | License Number: |
| Health Care Provider Printed Name:    |                 |
| Phone Number:                         | Date:           |