

Work Session
Monday, October 6, 2025 5:00 PM Mountain

HS Room #223 - Boardroom
355 Grand Ave
Mancos, CO 81328

1. Establish Quorum
2. Review Norms
3. Approval of Agenda
4. Strategic Plan
5. Linkage
6. Policy
7. Board- "Other" Work Session
8. Admin
 - 8.A. Calendar Review
 - 8.B. New Topics and Agenda Proposals
9. Adjournment

Permission for Medication

Name of Student: _____ **Date of Birth:** _____

School: _____ Grade: _____

Teacher: _____

Medication _____

Dosage _____

Route _____

Purpose of medication _____

Time of day medication is to be given _____

Possible side effects _____

Special Instructions _____

Length of time the medication is to be given for this school year _____

Prescriber's Name:

Prescriber's Phone:

Signature of Health Care Practitioner _____ Date _____

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designee employed by the Mancos School District Re-6, the undersigned parent or guardian hereby agrees to release the Mancos School District Re-6 and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the

medication.

I hereby give my permission for _____ to take the above prescription at
(name of student)
school as ordered. I understand that it is my responsibility to furnish this medication.

Signature of parent or guardian

Date

NOTE 1: The prescription medication is to be brought to school in a container appropriately labeled by the pharmacy or physician stating the name of the medication and the dosage.

NOTE 2: Those personnel administering medications must be trained in observing for side effects and in the appropriate steps to take should side effects occur. While the school is not responsible for the occurrence of side effects, the school is responsible for observing for side effects.

JLCD - Administering Medications to Students

School personnel may not administer prescription or nonprescription medications to students unless appropriate administration cannot reasonably be accomplished outside of school hours.

Medication may be administered to students by school personnel whom a registered nurse has trained and delegated the task of administering such medication. For purposes of this policy, the term "medication" includes both prescription medication and nonprescription medication, but does not include medical marijuana.

Student possession, use, distribution, sale or being under the influence of medication inconsistent with this policy will be considered a violation of Board policy concerning drug and alcohol involvement by students and may subject the student to disciplinary consequences, including suspension and/or expulsion, in accordance with applicable Board policy.

The administration of medical marijuana must be in accordance with the Board's policy on administration of medical marijuana to qualified students.

The term "nonprescription medication" includes but is not limited to over-the-counter medications, homeopathic and herbal medications, vitamins and nutritional supplements.

Medication may be administered to students only when the following requirements are met:

1. Medication must be in the original properly labeled container. If it is a prescription medication, the student's name, name of the medication, dosage, how often it is to be administered, and name of the prescribing health care practitioner shall be printed on the container.
2. The school must have received written permission from the student's parent/guardian to administer the medication to the student and either:
 - a. written permission to administer the medication from the student's health care practitioner with prescriptive authority under Colorado law; or
 - b. a standing medical order, if the medication is an over-the-counter medication such as Advil or Tylenol.
3. The parent/guardian is responsible for providing all medication to be administered to the student, unless it is an over-the-counter medication such as Advil or Tylenol.

Self-administration of medication for asthma, allergies, anaphylaxis, or other prescription medication

A student with asthma, a food allergy, other severe allergies, or a related, life-threatening condition, or who is prescribed medication by a licensed health care practitioner may possess and self-administer medication to treat the student's asthma, food or other allergy, anaphylaxis or related, life-threatening condition, or other condition for which the medication is prescribed. Self-administration of such medication may occur during school hours, at school-sponsored activities, or while in transit to and from school or a school-sponsored activity. Student possession and self-administration of such medication must be in accordance with the regulation accompanying this policy.

Authorization for a student to possess and self-administer medication to treat the student's asthma, food or other allergy, anaphylaxis or other related, life-threatening condition, or other condition for which the medication is prescribed may be limited or revoked by the school principal after consultation with the school nurse and the student's parent/guardian if the student demonstrates an inability to responsibly possess and self-administer such

medication.

Adopted: April 18, 2022 (CASB Core Policy Adoption)

LEGAL REFS.: C.R.S. [12-38-132](#) (*delegation of nursing tasks*)

C.R.S. [12-38-132.3](#) (*school nurses - over-the-counter medication*)

C.R.S. [22-1-119](#) (*no liability for adverse drug reactions/side effects*)

C.R.S. [22-1-119.1](#) (*Board may adopt policy to acquire a stock supply of opiate antagonists*)

C.R.S. [22-1-119.3](#) (3)(c), (d) (*no student possession or self-administration of medical marijuana, but school districts must permit the student's primary caregiver to administer medical marijuana to the student on school grounds, on a school bus or at a school-sponsored event*)

C.R.S. [22-1-119.5](#) (*Colorado Schoolchildren's Asthma, Food Allergy, and Anaphylaxis Health Management Act*)

C.R.S. [22-2-135](#) (*Colorado School Children's Food Allergy and Anaphylaxis Management Act*)

C.R.S. [24-10-101](#) et seq. (*Colorado Governmental Immunity Act*)

1 CCR [301-68](#) (*State Board of Education rules regarding student possession and administration of asthma, allergy and anaphylaxis management medications or other prescription medications*)

6 CCR [1010-6](#), Rule 6.13 (*requirements for health services in schools*)

CROSS REFS.: [JICH](#), Drug and Alcohol Involvement by Students

[JKD/JKE](#), Suspension/Expulsion of Students (and Other Disciplinary Interventions)

[JLCDA*](#), Students with Food Allergies

[JLCDB*](#), Administration of Medical Marijuana to Qualified Students

[JLCE](#), First Aid and Emergency Medical Care

JLCD-E - Permission for Medication

Name of student _____

School _____ Grade _____

Medication _____ Dosage _____

Purpose of medication _____

Time of day medication is to be given _____

Possible side effects _____

Anticipated number of days it needs to be given at school _____

Date _____

Signature of health care practitioner

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designee employed by the _____ (*name of school district*) _____, the undersigned parent or guardian hereby agrees to release the _____ (*name of school district*) _____ and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication.

I hereby give my permission for _____ (*name of student*) _____ to take the above medication at school as ordered. I understand that it is my responsibility to furnish this medication.

A new Permission for Medication form must be completed for each medication change and each school year.

Parent/guardian printed name

Parent/guardian signature

Date

Adopted: April 18, 2022 (CASB Core Policy Adoption)

DEBRIEF PROCESS:

Gather Information

- Staff feedback
- Partner feedback: Fire Department, Atmos, Marshalls Office,
- Safety Team Feedback

Analyze and Recommend Next Steps (Safety Team):

- October 10, 2025

Google Feedback Form - <https://forms.gle/oS9JwZ59goqsqqXK7>

Staff Communication:

Dear Staff,

Thank you again for your response during the evacuation event yesterday. It's truly impressive to see how an entire community can come together to support our students and one another. We are fortunate that this event was minor and was resolved without injury or incident. This gives us the opportunity to learn, reflect and improve our response plans.

We want to share with you what we've learned about the bad smell that triggered this incident. Atmos and maintenance staff were able to identify that the smell was coming from the sprinkler room near the ES ESS room due to a dry trap. Our staff responded appropriately to the smell as it is often hard to distinguish the difference between gas smells and bad odors. The resolution for this problem is to keep these traps wet. Our maintenance team will be checking these regularly moving forward. You can support our team by reporting odors like these to the maintenance staff even when mild so they can take care of the issue before it becomes acute.

This event provides a huge learning opportunity for us and your feedback is critical as it ensures our team understands the whole picture of what happened and how staff, students and families were supported throughout the event. We'll be capturing staff and community partner feedback in the following ways and encourage you to **engage in at least one feedback format**:

- Google Survey Feedback - Takes about 10 minutes
- Participate in a feedback forum:
 - Monday, September 29, 7:15 am - Preschool
 - Tuesday, September 20, 7:15 am - Elementary (Library)
 - Wednesday, October 1, 7:15 am - Secondary (West Wing Work Room)
- Schedule a 1-1 meeting with Audrey or Will - email to schedule a time

After we've received your feedback, our Safety Team (Will, school leaders, office managers, directors, nurse, and communications lead) will meet to review the feedback and debrief the full event. When complete, we'll share our findings and improvement action steps with you.

Thank you in advance for your thoughtful feedback. Please let us know if you have any questions or want to schedule a 1-1 meeting to discuss this further.

Sincerely,

Audrey Hazleton, Superintendent
Will Custer, Safety Coordinator

COMMUNICATION:

Evacuation and Early Dismissal Update

Dear Families,

This is an update about the evacuation and early dismissal today:

- **Evacuation:** At 11:00 am the evacuation alarm was pulled and 911 was called due to an odd odor in the Elementary School. All buildings were quickly evacuated and students were escorted to the football field and library (preschool) while authorities investigated the situation. Due to the time needed to fully clear the buildings, we moved to an early dismissal. At 1:00 pm today, all buildings were cleared by the Mancos Fire Department and Atmos Energy.
- **After School Activities:**
 - SCYC afterschool programs are cancelled.
 - The Homecoming Powder Puff game is postponed to tomorrow evening, Thursday, September 25 at 7:00 pm.
 - The Middle School Football game will play as scheduled. Players should report to the locker room at 3:30 pm.
 - Practices:
 - Middle School volleyball will practice at normal time.
 - High School football will practice at normal time.
 - All other practices are cancelled.
- **Student Belongings:** If it is absolutely necessary to collect belongings today, buildings are open this afternoon from 3:00-4:30 pm. Elementary students must be accompanied by a parent. All student belongings will remain where they were left and students can gather them in the morning.
- **School Tomorrow:** We will follow a regular school schedule tomorrow, Thursday, September 25.

Thank you everyone for your patience and support throughout this event. We would like to especially acknowledge our entire staff for their quick response, calm demeanor and adaptability. Overall, it was a successful evacuation process and will take the time to fully debrief and learn from this experience. If you have any feedback or questions, please contact me at ahazleton@mancosre6.edu and Will Custer, Safety Coordinator at wcuster@mancosre6.edu.

Sincerely,

Audrey Hazleton
Superintendent

Will Custer
Safety Coordinator