



Cape Henlopen School District

Parental Request/Permission to Have Medication Administered in School

If it is necessary for your child to receive medication during the school day, please do the following:

- Send the medication to school with a responsible individual if you are unable to take it to school.
- Send the medication in the original container. If a prescription, the container must be properly labeled with correct name, time, dose, date, and prescribing licensed healthcare provider.
- Count the tablets (unless the number of tablets is the exact number on the label) or approximate amount of liquid in the bottle
- Pick up the medication from school at the end of the school year.

Date: _____ **Student Name:** _____

Medication: _____

Dose: _____ **Time:** _____ **Route:** _____

Reason for Medication: _____

Allergies to any Medications: _____

Number of Tablets/Liquid sent: _____ **Provider:** _____

***I give permission for this medication to be sent on Field Trips during the current school year and for a trained staff member to assist with administration:** YES NO (Check One)

Comments/Health Conditions: _____

I am aware that the school nurse may need to contact the prescribing healthcare provider or pharmacist relative to the medication/treatment and that he/she is required to use nursing judgment regarding all medication administration. I give my permission for medication administration by the school nurse.

Parent/Guardian Signature: _____

Nurse's Signature: _____

Number of Tablets/amount of Liquid received: _____

Date	# of Tablets/Amount rec'd or returned	Parent/Guardian Initials	Nurse Initials