



Parental Request to Have Medication Administered in School

- **Please complete one form for each medication.**
- **Send the medication to school with a responsible individual** if you are not able to deliver it to school yourself.
- **Send the medication in the original container.** If it is a prescription medication, it must be properly labeled with a current pharmacy label listing the student's name, medication time and dose, and may not be expired. For non-prescription medications, it must be in the original container and labeled with the student's name.
- **If the amount of medication or the type of medication changes for any reason, a script/note from the doctor and/or a new prescription bottle is needed.** The script/note may be faxed to the School Nurse, Regina Bryant, at 302-571-0270.
- **If your child is to receive more than one medication, each medication must be in its own bottle and labeled accordingly.**
- Please note the amount of medication being sent to school in the space provided below. For tablets, count the number of tablets sent in the container. For liquid medication, please note the amount in the bottle.
- The School Nurse will keep a record of when any medication is given to the student.
- Any medication remaining at the end of the school year will be returned to the parent/guardian.

Please complete the following information:

Student's Name: _____ Date: _____

Name of Medication: _____

Dose: _____ Time: _____

Reason for Medication: _____

Amount of Medication Sent In: _____ Physician's Name: _____

Parent/Guardian Signature: _____

Other Instructions: _____
