



Parental Request to Have Medication Administered in School

- **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 current date. 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 prescription or note from the doctor is needed. A new prescription bottle is also needed.**
- **If your child is to receive more than one medication, each medication must be in its own bottle and labeled accordingly.**
- **You must include a copy of the physician's prescription/order to keep on file, as required by state law.** It may be faxed to the School Nurse, Regina Bryant, at 302-571-0230.
- 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.

Fill out the following information:

Student's Name: _____ Date: _____

Name of Medication: _____

Dose: _____ Time: _____

Reason for Medication: _____

Allergic Reaction to Any Medicine: _____

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

Parent/Guardian Signature: _____

Other Instructions: _____

Amount of Medication Received: _____ Received From: _____

Nurse's Signature: _____ Date: _____

Amount of Medication Returned: _____ Date: _____

Nurse's Signature: _____ Witness Signature: _____

