



RED CLAY CONSOLIDATED SCHOOL DISTRICT

4550 New Linden Hill Road Wilmington, Delaware 19808

Dear Parents:

When a student is on prescription medication at school, the school nurse requires a copy of the written prescription or a note from the doctor, as well as the parent's permission in order to administer the medication. The doctors' order should include the child's name, the name of the medication, the dosage, and the frequency and approximate time the medication should be given.

\*\*\* Please note that in order to accommodate all the students who require medication at school, adjustments may have to be made in the exact time the medication is given. However, medications will be administered as close to the prescribed time as possible.

Sincerely,

Melody Brown, RN  
Conrad Schools of Science  
302-992-5549 (voice)  
302-996-1211 (fax)

**Parental Request to Have Prescription Medication/Treatment  
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 properly labeled with correct name, time, dose and date.
- Count the tablets (unless the number of tablets is the exact number of the label) or approximate amount of liquid in the bottle.
- Fill out the following information:

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Medication \_\_\_\_\_

Dose \_\_\_\_\_ Time \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Allergies to any medications \_\_\_\_\_

Number of tablets sent \_\_\_\_\_

Amount of liquid \_\_\_\_\_

I am aware that the school nurse may have need to contact the prescribing healthcare provider or pharmacist relative to the medication/treatment and I give my permission.

Parent/Guardian Signature \_\_\_\_\_

Nurse's Signature \_\_\_\_\_

Number of tablets/amount of liquid received \_\_\_\_\_

## Prescription Medication Consent

The nurse at Conrad Middle School has my permission to administer the prescribed medication to \_\_\_\_\_ for the purpose of treating \_\_\_\_\_, and I give my permission for the nurse to contact the physician/dentist, if necessary. A copy of the physician's order must be on file at school. IF THE MEDICATION IS NOT PROPERLY LABELED, IT WILL NOT BE GIVEN. According to the "Nurse Practice Act", all medication must be brought to school in the original container with the following information provided: (Please write the information below.)

NAME OF CHILD: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

DOSAGE: \_\_\_\_\_ TIME TO BE GIVEN: \_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_

Please note any allergies to medications:

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Signature of parent/guardian

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Date