



RED CLAY CONSOLIDATED SCHOOL DISTRICT

4550 New Linden Hill Road Wilmington, Delaware 19808

Estimados Padres:

Cuando un alumno necesita tomar en la escuela un medicamento de venta bajo receta, la enfermera escolar debe contar con una copia de la receta o una nota del médico, como así también con la autorización del padre/madre a fin de poder administrar dicho medicamento. La orden del médico debe incluir el nombre del niño/a, el nombre del medicamento, la dosis, la frecuencia y el horario aproximado en el que se debe dar.

\*\*\* Por favor sepan que a fin de poder atender a todos los alumnos que necesitan medicamentos en la escuela, quizá debamos acomodar un poco el horario en el que se dé el medicamento. No obstante ello, los medicamentos serán administrados lo más cerca posible del horario indicado.

Saluda a Uds. Atentamente,

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:

---

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date