

Caesar Rodney School District

Parental Request/Permission to Have Medication Administered in School and Field Trip

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 the correct name, time, dose, date, and prescribing licensed healthcare provider.
- Count the tablets or approximate amount of liquid in the bottle.
- Pick up the medication from school at the end of the school year. Epi-pens and inhalers may be sent home with students in middle and high schools. Inhalers may be sent home with elementary school students.

Date _____

Student's Name _____

Medication _____ Expiration date _____

Dose _____ Time _____

Reason for Medication _____

Known Allergies _____

Number of tablets sent _____

Amount of liquid _____

Prescribing provider _____

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 _____

I request that afternoon medications be held / administered (circle one) during half-days. Initial _____

Field Trip Permission

I give permission for a trained staff member to assist my child with self-administration of his/her medication on field trips during the _____ school year. Guardian Signature _____

I verify that my child has been trained and can self-administer an Epi-pen in case of an allergic reaction while on a field trip (assistance provided by trained staff-member). Guardian Signature _____ na _____

CR School _____

Date _____