

Dear Parent or Guardian,

This form will also be used for all external trips and events throughout the 2024/2025 school year. To comply with Brazilian law, nurses need a medical prescription in order to medicate students. Please ask your physician to fill out this form with the medications, so that they may be administered to your child, if necessary. No student is allowed to self-medicate as all medicine must be taken under the direction of the school nursing staff. Nenhum aluno está autorizado a se automedicar, pois todos os medicamentos devem ser tomados sob a orientação da equipe de enfermagem da escola.

**Filled out by a DOCTOR with a Brazilian License (CRM) – stamp and sign needed/ Preenchimento por um Médico com CRM ativo – necessário carimbo). Please ask your doctor to print, stamp, sign the prescription, and send us by mail OR directly send us the digital prescription.**

**STUDENT INFORMATION /INFORMAÇÕES DO ALUNO**

Name/ Nome: \_\_\_\_\_ Grade/ Série: \_\_\_\_\_

DOB/ Data de Nascimento: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent 1/ Responsável 1: \_\_\_\_\_ Phone number/ Telefone: \_\_\_\_\_

Parent 2/ Responsável 2: \_\_\_\_\_ Phone number/ Telefone: \_\_\_\_\_

**Is the child currently being treated for any health condition? What condition? What medication is being used? / A criança está atualmente em tratamento para algum problema de saúde? Qual? Qual o medicamento em uso?**

**HEALTH CONDITIONS / PROBLEMAS DE SAÚDE**

(Preenchimento pelo pai/responsável/ Filled out by parent/guardian)

Asthma or Bronchitis - Allergic reaction - Diabetes - ADHD - Anxiety

**DOCTOR'S PRESCRIPTION / PRESCRIÇÃO MÉDICA**

MEDICATION AVAILABLE AT SCHOOL: Pain: Dipirona, Ibuprofen, Tylenol - Allergy: Loratadina, Dicloridrato de Hidroxizina 2mg/ml and Cloridrato de Fexofenadina - Nausea: Dramin B6 and Cloridrato de Ondansetrona 4mg - Cramps: Butilbrometo de Escopolamina and Ácido Mefenâmico 500 mg

Medication for Pain	
Medication for Allergy	
Medication for Nausea	
Medication for Gas	
Medication for Cramps	

\_\_\_\_\_  
**Doctor's name**

\_\_\_\_\_  
**Doctor's CRM**

\_\_\_\_\_  
**Doctor's signature**