

# 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 \_\_\_\_\_

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### 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 \_\_\_\_\_

CR School \_\_\_\_\_ Date \_\_\_\_\_

