

BRANDYWINE SCHOOL DISTRICT

1311 Brandywine Boulevard Wilmington, DE 19809-2306 (302) 793-5000 www.brandywineschools.org

Lincoln Hohler, Superintendent RALPH ACKERMAN
President, Board of Education

Parental Request/Permission to Have Medication 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. If a prescription, the container must be properly labeled with correct name, time, dose, date, and prescribing licensed healthcare provider.
- Count the tablets (unless the number of tablets is the exact number on the label) or approximate amount of liquid in the bottle.
- *** Please Note: It is the responsibility of the parent/guardian to pick up the medication from school at the end of the school year.

Date		
Student's Name		턴
Medication		ā
Dose	Time	e
Reason for Medication		
Allergies to any medications		ε.
Number of tablets sent		
Amount of liquid		
I am aware that the school nurse may need to the medication/treatment and that he/she administration. I give my permission for medication	o contact the prescribing healthcare provider or p is required to use nursing judgment regard ication administration by the school nurse	harmacist relative to
Parent/Guardian Signature		
Nurse's Signature		2
Number of tablets/amount of liquid receiv	ed:(record and initial on back)	

Medication Count. This sheet should be used for monthly reconciliation and periodic counts/additions/subtractions. Please indicate by month and date if the count is the monthly count.

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