



SCHOOL DISTRICT

318 East Basin Road • New Castle, De 19720
colonialschooldistrict.org



Where Access Meets Opportunity

Parent/Guardian Permission to Have Medication Administered in School and on Field Trips

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 note the amount of liquid in the bottle.
- Pick up all medications (controlled substance prescription medications, non-controlled prescription medications, and over the counter medications) by the last day of school, and/ or, if the child transfers or withdraws from the school district.

***Any medications that have not been picked up from the nurse's office will be properly disposed of on the last staff day.**

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 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

I give permission for this medication to be taken with my child on any school sponsored field trips during this school year. I understand that a nurse or trained staff member will assist my child in taking the medication as outlined above.

I give permission for the school nurse to prepare a staff member, following the guidance outlined in Regulation 817 of the Delaware Code, to administer the above noted rescue medication for my child on a field trip in the event that my child shows life-threatening signs and symptoms related to their diagnosed condition indicated on their emergency action plan prescribed by my child's physician.

My child will not require this medication on field trips

Parent/Guardian Signature _____

Nurse's Signature _____

Number of tablets/amount of liquid received _____

Resources:

Regulation Title 14: Regulation 817 <https://regulations.delaware.gov/AdminCode/title14/800/817.shtml>

Delaware School Nurse Manual Forms: <https://www.doe.k12.de.us/Page/3177>

The Colonial School District shall not discriminate in its employment practices or its educational programs and activities of students on the basis of race, creed, color, religion, national origin, age, sex, sexual orientation, domicile, marital status, disability, genetic information, veteran status, or any legally protected characteristic.

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