



St. Ann School

2006 Shallcross Avenue • Wilmington, DE 19806
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Parent Permission for Administration of Medication at St Ann School

If it is necessary for your child to receive medication during the school day, please do the following:

- **Send the medication to St Ann 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.**
- **Pick up the medication from St Ann School, at the end of the school year.**

Student's Name _____ Grade _____

Medication _____

Dose _____ Time _____ Route _____

Reason for Medication _____

Allergies to Any Medications _____

Number of Tablets Sent _____

Amount of Liquid _____

I am aware that the St Ann School Nurse may need to contact the prescribing healthcare provider or pharmacist relative to the medication/treatment and that 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 _____ Date _____

Parent's Phone _____

St Ann School Nurse's Signature _____ Date _____

Number of Tablets/Amount of Liquid Received _____