



# Delaware Military Academy

## Medication Consent Form

*Note: Parents are requested to give medications at home and on a schedule other than during school hours. If it is necessary that a medication be given during school hours, the following procedures must be followed:*

Prescription medications must be ordered by a physician, dentist, or optometrist and permission granted to the school nurse to contact the prescribing person if necessary. Non-prescription medications, brought from home, may be given by the school nurse with parental permission and the “non-prescription medication form” filled out.

Medications must be in the original container only with the appropriate label intact, which includes correct name, time, dose and date, and must be current. Expired medication dates are not acceptable. All medications are to be kept in Sick Bay (nurse’s office) in a locked cabinet. Inhalers may be kept in the student’s possession providing there is a physician order stating that cadet may carry inhaler on their person and after reviewing with nurse.

The school nurse has my permission to give the following medication to my child, \_\_\_\_\_ for the purpose of treating \_\_\_\_\_, and the nurse may contact my child’s physician, dentist, or optometrist regarding this medication as needed.

Please fill out the following information:

Date \_\_\_\_\_

Student’s Name \_\_\_\_\_

Medication \_\_\_\_\_

Dose \_\_\_\_\_ Time \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Allergies to any medications \_\_\_\_\_

Number of tablets sent \_\_\_\_\_

Amount of liquid \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office only:*

Number/amount received: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

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