

CAMPUS COMMUNITY SCHOOL

350 Pear Street, Dover, Delaware 19904

Phone: (302) 736-0403 Fax: (302) 736-5330

Dear Parents/Guardians,

School Nurses may provide nonprescription medications with parental permission. The following guidelines will be followed:

1. Your child's complaint and symptoms will be assessed to determine if other measures can be used before medication is administered.
2. Please notify me of any allergies, especially to medication, that your child may have.
3. A record of your child's visit to my office is on file.
4. I will use restraint at all times with the use of any medications.

Please contact me at 302-736-0403 X 105 if you have any questions or concerns.

The following over the counter medications are available. Please check any that you give permission to be administered to your child during the 2014 – '15 school year.

I give permission for my son/daughter _____ to receive the following:

Please check only those medications you wish to be given to your child when needed.

___ Advil/Ibuprofen

___ Tylenol/Acetaminophen

___ Tums/Antacid

___ Benadryl/Diphenhydramine

Known allergies to medication, food, latex, insect bites, seasonal, other: Yes ___ No ___

If yes to what? _____ What happens? _____

Treatment _____

If your child requires prescription medication during the school day, e.g. medication for: ADHD, ADD, diabetes, seizures, asthma, Epi-pen, other, please contact me to make the appropriate arrangements.

Medical Diagnosis: _____

Medications your child takes at home (name, time, dose, reason) _____

*** Students may not carry medications during the school day without Parent/Doctor/School Nurse Permission. Paperwork must be completed and on file in the nurse's office.**

PARENT/GUARDIAN SIGNATURE _____ **Date:** _____

Thank you,
Howard Kimmel, RN
School Nurse
Campus Community School