

DELAWARE CITY SCHOOLS

PARENT NOTIFICATION: AS NEEDED MEDICATION ADMINISTRATION

Dear Parent or Guardian your child received an as needed medication today. You are informed of the administration of this medication in order that you may follow-up with your child's health/comfort concerns.

Student Name; _____

Medication: _____

Time Given: _____

Student Complaint: _____

Temperature: _____ (taken before any pain medication is given only).

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