Please have the physician fill out and sign one form per medication

PHYSICIAN/PROVIDER ORDER Date: _____

Name of Student: _____ Grade: _____

Address: _____ D.O.B.: _____

Condition for which the drug is needed to be administered during school hours:

Drug (dose, quantity, frequency, route):

Time(s) of administration: _____ or ☐ at lunch

Medication shall be administered from: Today ☐ to: End of school year ☐

OR: Start Date: _____ to: end date: _____

Side effects to watch for:

If there are side effects, plan for management:

For inhalers or insulin: is the child sufficiently responsible to permit unsupervised self-administration of medication? ☐ Yes ☐ No

May the child omit this medication during a field trip? ☐ Yes ☐ No

Medical Provider: _____ Signature of Provider: _____
Print Name

Address: _____ City: _____ State: _____ Zip: _____

Authorization By Parent/Guardian For The Administration Of The Above Medication By School Personnel

To School Personnel:

I request that the above medication, ordered by his/her medical provider for my child _____, be administered by school personnel. I give permission for exchange of verbal and written communication between the physician and the school regarding my child's medication regime. I request that my child be assisted in taking the medication described above at the school by authorized persons or permitted to medicate herself/himself as also authorized by me and my physician. I understand that I must supply the school with prescribed medication in the original container dispensed and properly labeled by a physicians or pharmacist and will provide no more than a 30 school day supply. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or a week beyond the close of school.

I understand that school officials may not be held liable for reactions if medication is administered per these directions and at request of appropriate guardian.

Name (print): _____

Signature: _____ Relationship to Child: _____

Phone: _____ Date: _____

Form may be faxed to: 269-349-1085