



Physician's Order for Prescription and Non-Prescription Medications Given in School

Note to parent or guardian:

The provision of medication to students during school hours is discouraged. However, our school recognizes those special cases where the student's physician documents a need for in-school dosing.

- 3. It is the policy of our school district to maintain a signed order for each medication that school personnel are asked to dispense during school hours. This form must be completed, signed, and returned to your child's school before any medications can be given. This form must be renewed each school year.
4. The medication must be sent to school in its original container.

Student's Name: Birth Date:

School: Grade:

Teacher:

To be completed by the physician or authorized prescriber

Diagnosis (or reason for medication):

Name of medication:

Form of medication/treatment:

- Tablet/capsule Liquid Inhaler Injection Nebulizer Other

Instructions (Schedule and dose to be given at school):

Restrictions and/or other important side effects:

- None anticipated
Yes. Please describe:

Storage requirements: None Refrigerate

Junior and Senior High Students ONLY

This student is both capable and responsible for self-administering this medication.

- No Yes, supervised Yes, unsupervised

Because of the need for immediate access by this student, this medication should:

- Be kept in the student's classroom Be kept in the school office
Be kept in the student's desk

Physician's signature:

Address: Phone #:

To be completed by the parent/guardian

I give permission for my child to receive the above medication at school according to school policy.

Date: Signature: Relationship:



Orden Médica para Medicamentos con Prescripción y sin Prescripción que se administren en la escuela

Nota al padre o al guardián: Se desanima el surtir de medicamentos a los estudiantes durante el horario escolar. Sin embargo, nuestra escuela reconoce esos casos especiales donde el médico del estudiante documenta la necesidad de que se administren algunos medicamentos en la escuela.

- 1. Nuestro distrito escolar tiene una póliza de mantener una orden por cada medicamento que el personal de la escuela dispense durante el horario escolar. Esta forma debe ser completada, firmada, y regresada a la escuela de su niño antes que se le de cualquier medicamento. Esta forma tiene que ser renovada cada año escolar.
2. La medicación se debe enviar a la escuela en su recipiente original.

Nombre del Estudiante: Fecha de Nacimiento:

Escuela: Grado:

Maestro(a):

Esta parte de abajo necesita ser completada por el doctor o prescriptor autorizado

Diagnosis (or reason for medication):

Name of medication:

Form of medication/treatment:

- Tablet/capsule Liquid Inhaler Injection Nebulizer Other

Instructions:

Restrictions and/or other important side effects:

- None anticipated
Yes. Please describe:

Storage Requirements: None Refrigerate

Junior and Senior High Students ONLY

This student is both capable and responsible for self-administering this medication.

- No Yes, supervised Yes, unsupervised

Because of the need for immediate access by this student, this medication should:

- Be kept in the student's classroom Be kept in the school office
Be kept in the student's desk

Physician's signature:

Address: Phone #:

Esta parte debe ser llenada por el padre o guardián

Yo doy permiso para que mi hijo/a reciba el medicamento ya mencionado de acuerdo a la póliza de la escuela.

Fecha: Firma: Relación al niño: