



**PHYSICIAN ORDER  
FOR SCHOOL PERSONNEL TO ADMINISTER MEDICATION AT SCHOOL**

Parents requesting the medication to be administered to their child during school hours by school staff are required to provide the following information to the school:

1. Physician's Order
2. Medication supplied in a properly labeled prescription bottle. (Ask for prescription medication to be divided in two bottles completely labeled-one for home and one for school)
3. Have physician/provider fill out the following information:

Student's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name of Medication: \_\_\_\_\_

For the Treatment of: \_\_\_\_\_

Dosage and Route: \_\_\_\_\_

Time and Directions for Administration: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Special Directions: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Physician/Provider's Signature and Date:  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*\*This order expires at the end of the current school year\*\***

**\*\*\*For safety of your student and all students, no medication should be transported by the student.\*\*\***

**Parental/Legal Representative Release for Administration of Medication**

I request this medication to be given as prescribed by the physician/provider. I understand I must provide this medication in the original bottle labeled by the pharmacy.

Parent/Legal Representative: \_\_\_\_\_

Date: \_\_\_\_\_