



Physician's Order for Prescription & Over-the-counter medication

<u>Physician's Order</u>	<u>Parent/Guardian Request</u>
<p>Please administer the following medication in school:</p> <p>Name of Patient:</p> <p>Name of Medication:</p> <p>Prescribed Dosage:</p> <p>When Administered:</p> <p>Directions for Administering:</p> <p>Possible Side Effects and Treatment:</p> <p>Date Prescribed:</p> <p>_____ Signature of Physician</p> <p>_____ Name of Physician</p> <p>Address of Physician:</p> <p>Physician's Phone Number:</p>	<p>I request that the school nurse administer the prescribed medication to my child. I acknowledge that the school is not responsible for ensuring the medication is taken. I relieve the District and its employees of responsibility for the benefits or consequences of the prescribed medication.</p> <p>I have read and understand School Board Policy 210 and the administrative regulations that accompany the policy.</p> <p>_____ Signature of Parent/Guardian Date</p>