

WHITNEY ELEMENTARY SCHOOL

P.O. BOX 518

308 Bosque St.

Whitney, TX 76692

Phone 254-694-3456 Fax 254-694-2059



Principal: Amber Seeley
Asst. Principal: Sara Ripley
Counselor: Lindsey Threadgill

Prescription Medication Administration Form

Below must be completed by the physician and signed parent/guardian:

I hereby order the administration of the following medicine in the dosage described/labeled and at the time indicated below to:

Name of Student: _____ Grade: _____

Name of Medication: _____ Dosage: _____

Times of administration: _____

Duration of therapy: _____

Physician Name (Print): _____

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Received by: _____

Date medication received at school: _____

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FAX

To: _____ **From:** Crystal Haubert, BSN, RN

Fax: _____ **Fax:** 2546942059

Phone: _____ **Phone:** 2546943456

No. Pages: 2 **Date:** _____

Subject: Medication Orders needed for school

Comments:

Texas BON requires physician orders for nurses to administer medication. The patient is needing to receive the prescribed medication but I need permission from you as their PCP. This will assist me in providing care. Thank you for your time.