



**ROBERTSON COUNTY SCHOOLS
SCHOOL NURSING SERVICES**

800 M.S. Coutts Blvd., Suite #1
Springfield, TN 37172
Phone: 615-382-3606 Fax: 615-382-2306

PRESCRIPTION MEDICATION ORDER FORM

Student _____ **DOB** _____

School _____ **Grade** _____ **Teacher** _____

The medication administration policy of the Robertson County School System states, "Medications shall be administered only when the student's health requires that they be given during school hours." A parent/guardian must bring medications to school. Prescription medication must have a proper pharmacy label attached. Non-prescription medications must be in a new, unopened container. Medications shall be kept in a secure area of the clinic. Emergency medications may be kept with students if noted by the physician.

TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER

Name of Medication _____ **Scheduled Time** _____

Dosage, Frequency, and Route _____

Form of medication/Treatment: ☐ Tablet/Capsule ☐ Liquid ☐ Injection ☐ G-tube ☐ Inhaler
☐ Nebulizer ☐ Other _____

Reason for medication _____

Restrictions &/or important side effects: ☐ None anticipated ☐ YES (describe): _____

Special Storage Requirements: ☐ None ☐ Refrigerate ☐ Other _____

School Clinic Use Only: Date Received _____

Medication to be given till: ☐ End of School Year ☐ Other Date/Duration _____

Is this student both capable and responsible for assisted self-administering this medication?

☐ YES, supervised (trained employee may assist) ☐ NO, a nurse must administer.

For episodic/emergency use only: ☐ YES ☐ NO

Emergency Medications Only: ☐ Student is both responsible and capable of carrying and self-administering this med in the event of emergency.

Physician Signature _____ **Date** _____

Physician's Name _____ **Phone #** _____ **Fax#** _____

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my child to receive the above medication during the school day assisted by school personnel as necessary.

*My child is both capable and responsible to self-administer this medication (with assistance), or if carrying an emergency medication, is capable and responsible without assistance. ☐ YES ☐ NO

Parent Signature _____ **Date** _____

Phone Numbers in case of emergency _____

*****Only completed forms will be honored. Written authorization is for current school year only.*****