

Medication Order Form

Over the counter medications require a parent signature only.

Prescription medications require both a parent and physician signature, unless it is only prescribed for a short term, i.e. Antibiotic for 10 days; a pharmacy-labeled bottle will suffice.

The complete Medication Administration Policy can be found on our web site.

Student Name **Date of Birth**

Parent Name **Phone Number**

Current student medications; including drug name, dosage, route, time(s) of day, and if taken with food.

_____	Taken with food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
#1) Medication Name			
Dosage	Route	Time of Administration	
MD Use Only: Self-carry? <input type="checkbox"/> Yes <input type="checkbox"/> No		MD Only: Self-administer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

_____	Taken with food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
#2) Medication Name			
Dosage	Route	Time of Administration	
MD Use Only: Self-carry? <input type="checkbox"/> Yes <input type="checkbox"/> No		MD Only: Self-administer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

_____	Taken with food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
#3) Medication Name			
Dosage	Route	Time of Administration	
MD Use Only: Self-carry? <input type="checkbox"/> Yes <input type="checkbox"/> No		MD Only: Self-administer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Yes, I give permission to the school nurse or other authorized personnel to administer the above medication(s) to my child. Should a change in any of the above information occur, I understand that a revised form with a physician's signature, and parent signature must be submitted.

Parent/Guardian Signature **Date**

Physician or Nurse Practitioner Signature **Phone Number**

Required for all Rx meds, unless short term (less than 14 days)