

PHYSICIAN MEDICATION ORDER FORM

Nashville Community Consolidated School District #49

750 East Gorman St. Nashville, IL 62263

Phone: 618-327-3055 Fax: 618-327-4501

The purpose of administering medication in school is to help each child maintain an optimal state of health that may enhance his/her educational opportunities. Medications shall be those required during school hours that are necessary to provide that student access to the educational program. The intent of these guidelines is to reduce the number of medications given in school, yet assure safe administration of medication for those students who require them.

All medication, including prescriptions and non-prescription (over the counter) drugs, shall require a written order from the physician detailing:

The name of the student,

The name of the medication, dosage & direction for administration, possible side effects &/or restrictions,

An emergency number where the physician can be contacted.

All medication shall be sent in the container from the pharmacy or the original packaging.

All medications given at school shall require a written request from the parent/guardian.

All medication shall be stored in and dispensed from the Health Office.

Name of Student: _____ Date of Birth: _____

Doctor's Name: _____ Phone Number: _____

TO BE COMPLETED BY THE PHYSICIAN

Medication, dosage & directions for administration: _____

(OR) Health Care Treatment & directions for administration: _____

Start Date: _____ Discontinue/Re-Evaluate/Follow-up Date: _____
(circle one)

Intended effect of this medication/treatment: _____

Expected side effects, if any: _____

Are there any restrictions? _____

Other medication student is taking: _____

Physician's signature: _____ Date: _____

I give permission for the proper school authorities to obtain medication orders from the physician and to administer the medication as specified to the above named child.

Parent/Guardian Signature: _____ Date: _____