

Hermitage School District

Health Services

724-981-8750

Kennedy Catholic 724-346-5531 Blessed John Paul II 724-342-2205

Physicians Orders for Prescription Medication

Dear Doctor:

The parent/guardian of _____ has requested that we administer medication to their child during the school day. It is our procedure to request that the medication be given before or after school hours whenever possible. If it is essential that the student receive the medication during school hours, please complete the following information.

Name of Student: _____

Condition for which the drug is needed: _____

Drug (names, dosages): _____

How to be administered: (circle) Oral Inhaled Topical Injection Other: _____

Time of administration: _____

Duration of medication administration: _____

Possible side effects or contraindications: _____

Activity restrictions (list): _____

Other medications prescribed by physician: _____

Is student capable of self administration: (Circle One) YES NO

Date: _____ Physicians Signature: _____

Print Physicians Name: _____

Phone: _____

Parent Signature: _____

Return form to School Nurse