

FORT ZUMWALT SCHOOL DISTRICT

Physician's Orders
for
Prescription Medications

The administration of prescription medication shall be restricted to necessary medication that cannot be given on an alternative schedule. When the school district administers the medication(s), the medicine in question must be accompanied by a physician's order and a bottle with a current label affixed by the pharmacy showing the following:

- 1. Name of student
2. Name of medication
3. Dosage and schedule of administration
4. Date purchased
5. Physician's name

Medications must be accompanied by written permission from the student's parent/guardian. The physician's order should give the school nurse direction for administering medication during school hours. If these guidelines are not followed, the medication will not be given and the parent will be notified. All changes in dosage must have a current bottle and physician's order.

Student Name: _____ Grade: _____

Medication: _____ Date of Birth: _____

Time To Be Given: _____ Dosage: _____

Diagnosis: _____

Reason for Administering: _____

To be administered: from _____ to _____
(date) (date)

Physician's Signature: _____
Date: _____
Telephone: _____
Physician's Name: _____ (print)
Parent/Guardian Signature: _____
Date: _____
School Building: _____

PLEASE BE AWARE: Except for inhalers, medications will NOT be sent home on the school bus. Students who drive may take home any over the counter medications. Any leftover medications will be destroyed at the end of the school year.