## Physician Order

Student Name: _______________________________  Diagnosis: ___________________

The following medications should be given during the school day.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.________</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>2.________</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>3.________</td>
<td>____</td>
<td>____</td>
<td>____</td>
</tr>
</tbody>
</table>

List possible side effects for each medication:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Print Physician Name: _______________________________  Date ____________

Physician Signature: ____________________________________________

## Parent Authorization

I request and authorize the school nurse and trained school personnel to administer the above medication(s) as prescribed by my child’s physician.

I request and authorize the above medication to be administered during field trips during the current school year.

Print Name: _______________________________  Date ____________

Signature of parent or guardian: _______________________________