Parent Request and Physician's Order for Student Medication

Diocese of Raleigh

	7	
To be completed by Parent		
Child's Name		Age
	ninistered the medication as indicate personnel conduct the administratio	ed in the physician's order below. I n.
Parent/Guardian Signature	Daytime Phone Number	Date
To be completed by Physicia	ın	
The child indicated above mu school.	st have the medication listed during	g school hours in order to function at
Name of medication		
Dosage	Hours to be	given
Method of administration		
Administration by Stud	ent School Personnel	
Side effects to be aware of		
Duration of order	to	
1	Date	Date
Office Telephone Phys	ician's Name (type or print)	Physician's Signature
To be completed by School		
Person Administrating Medica	ation	Title
Approved by	1 vuine	me
Signal	ure of Principal	Date
June 02		A5506.1