

**CHRIST THE KING PARISH SCHOOL
SCHOOL MEDICATION ORDER
Physician/Dentist Form**

Dear Physician/Dentist:

Whenever possible, medication should be scheduled at times other than school hours. Only oral, inhalant by pre-measured aerosol, topical ointment for diaper rash, and emergency medications may be given at school by unlicensed school-based personnel. The use of unit dose packaging is strongly encouraged; no more than a 25 day supply of medication will be kept at the school. Please complete all requested information below:

NAME OF STUDENT: _____ DATE OF BIRTH: _____

DIAGNOSIS: _____

OTHER MEDICAL CONDITIONS: _____

MEDICATION: _____ DOSAGE: _____

TIME OF MEDICATION: _____ ROUTE OF MEDICATION: _____

DESIRED EFFECTS: _____

SPECIFIC DIRECTIONS OR SPECIAL INFORMATION FOR ADMINISTRATION:
DATE OF ORDER: _____ DISCONTINUATION DATE: _____

ADDITIONAL INFORMATION TO BE PROVIDED BY LICENSED PRESCRIBER:

1. Please list here contraindications to this medication or potential adverse effects specific to this student: _____
 2. List other medication(s) being taken by this student _____
 3. Can this medication be delayed until the student returns to school from a field trip?
____yes ____no If yes, please indicate the length of time the dose can be delayed: _____
 4. I feel that this student can self-administer his/her medication (provided the school nurse determines it is safe and appropriate in the school setting.) ____yes ____no
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Signature of Physician/Dentist

Printed or stamped:

Physician's Name: _____

Address: _____

Telephone Number: _____