PLEASANTS COUNTY SCHOOLS
HEALTH SERVICES
MEDICATION ORDER FORM

Student Name _____
Last First Middle
Today's Date _____Date of Birth_____Age_____

School _____Grade_____

Parent/Guardian Phone (Home)_____(Work)_____(Cell)_____

<u>This form is to be completed by a licensed prescriber</u>. It is valid for the current school year for long-term medication. If any change in medication, dosage, time, or route is needed, a new form MUST be completed.

USE ONE FORM FOR EACH MEDICATION

Check long or short term ***and*** corresponding medication type:
□ Long-term medication (given four weeks or longer) □ Rx □ Non Rx
□ Short-term medication (given less than four weeks) □ Rx □ Non Rx

Medication_____Diagnosis/ICD-9 Code_____

Dose_____Time of Administration _____

Method of Administration _____

Intended effect of medication _____

Name and Title of Licensed Prescriber (PRINT)_____
Address_____
_____
Phone _____Fax_____

Signature of Licensed Prescriber _____Date_____

Parent/Guardian Authorization

Total dosage of this medication to be given in 24 hour period_____
This medication at this total daily dosage has been given at home, and my child did not demonstrate any adverse effects.

Other medications taken by student _____
□Check this box and use back to provide additional information.
Medication Allergies _____

The licensed prescriber has discussed with me the risks and benefits of this medication at this dosage and course of treatment.

I understand the school nurse may contact the licensed prescriber concerning the effectiveness of this medication as needed.

I understand that, with due notification of doctor and parent/guardian, the school nurse/Pleasants County Schools may discontinue medication administration if student's health appears to be at risk.

I understand a photograph of my child may be taken to assist in the correct administration of my child's medication.

I hereby give my permission for my child to receive medication at school as prescribed by my child's licensed prescriber.

Parent/Guardian Signature_____**Date**_____