



Houston County Schools Health Services



Doctor's orders for Prescription Medications: To be given/assisted at school

I request that my child be assisted in taking the medications described below at school by authorized persons or permitted to medicate himself as authorized by me and my Physician. I will assume any and all responsibility and liability for any problems with my child taking this medication at school, Including; possession of self-administered medications authorized by Physician.

I understand that:

Medication must be brought to school by a parent/ guardian or his/her adult designee in a properly labeled (original) prescription bottle with the student's name, prescription number, Name and dosage of medication, Administration route/date and other directions, pharmacy name/address, phone number & prescriber's name.

Student's Name _____ DOB _____

School _____ Grade _____ Teacher _____

*Parent/ Guardian Signature _____ Date _____

Home Telephone # _____ Emergency # _____

Physician's Name _____ Phone Number _____

Address: _____ **Prescription Medications are to be taken as per**

Pharmacy Label and verified by MD Orders

*** The following must be filled out by Physician's office and signed by Student's Physician : ***

Diagnosis for Which Medication is given: _____

Name of Medication:					
Form:			Dosage:		
Administration Route:	Orally	Topically	Inhalation	Injection	Rectal
(Circle one)					
If Medication Is to be given Daily, At What Time:					
If medication is to be given " <i>When needed</i> " Please describe the indications:					
How soon can it be repeated?					
Is Child authorized to medicate himself/ herself?			YES _____ NO _____		
Is the Student Capable of Self - Carrying Emergency Medications?			YES _____ NO _____		
As per State Laws- Albuterol or Epinephrine					
Length of time treatment is recommended:					
List Significant side effects Or Other Information:					

Provider/ Physician Signature / Date _____