



## Physician's Order to Administer Medication at School

*BAPS policy does not permit administration of medication during the school day, EXCEPT by written directions from a physician and parent/guardian. If administering medication to your student during the school day is deemed necessary by your physician, please submit this completed form along with the medication to school.*

**A new form must be filled out for each change of medication and for each new school year.**

*All medication will be administered by the school nurse, or other individual designated to administer medications for BAPS.*

### **To Be Completed by Parent/Guardian**

I request the school nurse, or other designated person, to administer the medication as prescribed below by my physician.

Effective Date \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_ Teacher \_\_\_\_\_

Parent/Guardian's Phone # \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Relationship \_\_\_\_\_

### **To Be Completed and Signed by Physician**

Effective Date \_\_\_\_\_

Student Name \_\_\_\_\_

Diagnosis \_\_\_\_\_ Medication \_\_\_\_\_

Dosage & Time to Be Administered \_\_\_\_\_

Side Effects to Report/Expect \_\_\_\_\_

Comments: \_\_\_\_\_

Physician Name (**print**) \_\_\_\_\_ Today's Date \_\_\_\_\_

Physician Signature \_\_\_\_\_

Physician's Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Form may be faxed back to the health office @ \_\_\_\_\_**