



## MEDICATION FORM -- SHORT TERM

In order for medication to be given to your child in school on a short term basis (less than 2 weeks) the following form must be completed by both the parent and the physician and returned to the school nurse. This includes over the counter medication not stocked by the school. Medication cannot be administered by nurse without this completed form on file.

I authorize the school to give the following medication under my physician's directions.

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Doctor's Orders

I request that the following medication be administered to my patient as directed.

Patient's name: \_\_\_\_\_

Medication to be given: \_\_\_\_\_

Dosage of medication: \_\_\_\_\_

Time medication is to be given at school: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Duration of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

**Medication must be in original prescription bottle or over the counter packaging.**

I, as physician of \_\_\_\_\_, assume  
responsibility for medication given and do so direct it to be given.

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

\_\_\_\_\_  
Date