

**FORT ZUMWALT SCHOOL DISTRICT**

**Physician's Orders  
for  
Prescription Medications**

The administration of prescription medication shall be restricted to necessary medication that cannot be given on an alternative schedule. When the school district administers the medication(s), the medicine in question must be accompanied by a physician's order and a bottle with a current label affixed by the pharmacy showing the following:

- |  |                     |
|--|---------------------|
| 1. Name of student                       | 4. Date purchased   |
| 2. Name of medication                    | 5. Physician's name |
| 3. Dosage and schedule of administration |                     |

Medications must be accompanied by written permission from the student's parent/guardian. The physician's order should give the school nurse direction for administering medication during school hours. If these guidelines are not followed, the medication will not be given and the parent will be notified. All changes in dosage must have a current bottle and physician's order.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Time To Be Given: \_\_\_\_\_ Dosage: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Reason for Administering: \_\_\_\_\_

To be administered: from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

Physician's Signature: _____	Parent/Guardian Signature: _____
Date: _____	Date: _____
Telephone: _____	School Building: _____
Physician's Name: _____ (print)	

*PLEASE BE AWARE: Medications will NOT be sent home on the school bus.  
Any leftover medications will be destroyed at the end of the school year.*