ADMINISTRATION OF MEDICATIONS TO STUDENTS
(Physician Certification)

I certify that I am a licensed physician authorized by law to prescribe medication.

I have prescribed or ordered ____(medication)

for ____(student's name)

to treat/manage____(condition).

I further certify that:

▼ I have instructed Student in the correct and responsible use of Medication.

▼ I have attached a treatment plan for managing Student's Condition.

▼ Student is capable of self-administering Medication in accordance with the treatment plan and has demonstrated to me or my designee the skill level necessary to self-administer Medication.

____
Printed Name of Physician

____
Signature of Physician

____
Date

Adopted: 11/19/2007