

# Baldwin-Woodville Area School District



## Physician Order for Administration of Prescription Medication (Use separate authorization form for each medication and each student)

BWSD Board Policy 453.4- Exhibit 6

### TO BE COMPLETED BY PHYSICIAN/PA/NP

Name of Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of medication: \_\_\_\_\_

For the treatment of: \_\_\_\_\_

Specific dose(s) to be given at school: \_\_\_\_\_

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

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Are there any special instructions ( ) No ( ) Yes, explain: \_\_\_\_\_

Printed name of MD/PA/NP: \_\_\_\_\_

Signature of MD/PA/NP: \_\_\_\_\_ Date: \_\_\_\_\_

Address of MD/PA/NP: \_\_\_\_\_

Telephone number of MD/PA/NP: \_\_\_\_\_

### Parent Signature and Information

1. I request this medication be given as prescribed by the physician. I understand I must provide this medication in the original container (bottle, injection or inhaler) labeled by the pharmacy.
2. I understand that written instructions must be provided by the physician if there is a change in medication, including but not limited to medication type, dosage, or timing.
3. I will notify the school in writing when the medication is discontinued and I will pick up the unused medication or request that it be sent home with the student.
4. I will pick up the medication at the end of the school year or request that it be sent home with the student. If my child is attending summer school, I will pick up the medication by the last day of summer school.
5. I understand that medication orders must be renewed when specified.
6. I hereby give permission to designated school personnel to notify other school personnel of medication administration and possible adverse effects of the medication.
7. I give permission to contact the prescribing physician if there are any questions regarding this specific medication.
8. I understand that when the student is on a field trip the above medication, if needed, will be given to the appropriate school personnel to supervise and administer.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_