



Physician Medication Order Form

Written orders must be provided from a physician detailing the name of the drug, date of the order, diagnosis, dosage, route, time and specific duration for the order. Signature of the parent or guardian is required requesting that Highland School comply with the physician's order. Prescription medications must be brought to school by the Parent or Guardian in the original container, appropriately labeled by the PHARMACY OR PHYSICIAN.

PLEASE COMPLETE AND SIGN. PLEASE FAX INFORMATION TO: NURSE'S OFFICE - 540-347-0300

Name of Student _____ Grade _____

MEDICATION _____ Date of Order _____

Diagnosis _____ Dosage _____

Route _____ Time _____ Specific Duration of Order _____

MEDICATION _____ Date of Order _____

Diagnosis _____ Dosage _____

Route _____ Time _____ Specific Duration of Order _____

Student has shown me or my staff adequate knowledge of use of inhaler/ Epipen/ bloodsugar kit and I would recommend that this student keep this medication with him/her at all times.

YES _____ NO _____

Physician Name (printed) _____

Physician's Signature (required) _____

Date _____ Telephone _____

I request that the school administer the above medications as ordered by the physician. If my child is allowed to keep an inhaler/epipen, on his/her person, I will not hold the school responsible for any mishap involved with the inhaler on his/her person.

Parent/Guardian Name (printed) _____

Parent/Guardian Signature (required) _____ Date _____ Phone _____