PRIVATE PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

Dear Physician:

If it is essential that your patient receive medication during school hours, certain information is required by Steel Valley School District, Policy 210. The School District may provide assistance with administering a medication that is specifically prescribed for a particular illness; within daily dosage limits recommended by the general medical community, pharmaceutical manufacturer and FDA guidelines. It should be noted that medication may have to be dispensed by district personnel other than a school nurse.

NAME OF STUDENT

DIAGNOSIS

NAME OF MEDICATION/DOSAGE

TIME OF ADMINISTRATION

MODE OF ADMINISTRATION

DATE THAT ADMINISTRATION SHOULD BE INITIATED

POSSIBLE SIDE EFFECT AND CONTRAINDICATIONS

 CURTAILMENT OF SPECIFIED SCHOOL ACTIVITY (SPORTS, SHOP, DRIVERS EDUCATION, ETC.)

OTHER PERTINENT INSTRUCTIONS

THIS DOSAGE IS WITHIN RECOMMENDED GUIDELINES AS REFERENCED ABOVE.

YES _____ NO _____

THANK YOU FOR YOUR COOPERATION.

Student may carry & self-administer asthma inhaler (____ yes) (____ no) 

Physician’s Name (Please Print)

Physician’s Telephone Number

Physician’s Signature Date

Revised 5-5-2007