

Steel Valley School District

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