



Rhinebeck Central School District

P.O. Box 351
Rhinebeck, New York 12572
Telephone: (845) 871-5500

Physician's Order for Giving Medication in School

Requirements for Administration of a Medication in School:

1. The school nurse must have on file a written request from the physician in which he/she indicates the frequency and dose of a prescribed medication. (Part II)
2. The school nurse must have on file a written request from the parent to administer the medication as specified by the physician. (Part III)

PART I (to be completed by parent)

Student's Name _____ Address _____

Parent or Guardian _____ Date of Birth _____ Sex _____

Grade _____ Room _____ School _____ Home Phone _____

PART II (to be completed by physician)

Name of Drug _____

Dosage and Frequency _____

Diagnosis _____

Date Order is Effective _____ Time Duration of Order _____

Address

PART III - Parent Request to Give Medication in School*

I hereby request that my child _____ be given the
(Full Name)
medication above as prescribed by the physician.

Parent's/Guardian's Signature

*Medication must be delivered to school by an adult in a container which has a prescription label.