

# PHYSICIAN ORDER

## PERMISSION FOR MEDICATION TO BE GIVEN AT SCHOOL

MANHATTAN PUBLIC SCHOOLS  
PO BOX 425  
MANHATTAN, MT 59741  
FAX: 284-6853 / PHONE: 284-3250

STUDENT'S NAME: \_\_\_\_\_

TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_

PURPOSE OF MEDICATION: \_\_\_\_\_

TIME OF DAY MEDICATION IS TO BE GIVEN: \_\_\_\_\_

POSSIBLE SIDE EFFECTS: \_\_\_\_\_

ANTICIPATED NUMBER OF DAYS IT NEEDS TO BE GIVEN AT SCHOOL: \_\_\_\_\_

ADDITIONAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN

\_\_\_\_\_  
DATE

I hereby give my permission for \_\_\_\_\_  
to take the above medication at school as ordered. I understand that it is my responsibility  
to furnish this medication. I authorize the release and exchange of information concerning  
this medication between my child's physician and the school.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**NOTE:** The prescription medication is to be brought to school by the parent or guardian in a container appropriately labeled by the pharmacy, or physician, stating the name of the student, the name of the medication, and the dosage.

**PERMISSION FOR NON-PRESCRIPTION MEDICATION  
TO BE TAKEN AT SCHOOL**

Name of Student: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Time of day; or how often medication may be taken: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Anticipated number of days it needs to be taken at school: \_\_\_\_\_

Additional instructions: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to take the  
above medication at school as stated. I understand that it is my responsibility to furnish  
this medication.

Signature of Parent or Guardian \_\_\_\_\_

\_\_\_\_\_ Date

**NOTE: Medication is to be brought to school by parent or other responsible adult,  
in the ORIGINAL CONTAINER.**

Prescription medications are required to have a form signed by the physician  
(see *Physician Order*)