

PHYSICIAN'S ORDER FOR GIVING MEDICATION IN SCHOOL

PUPIL'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

TO PHYSICIANS AND PARENTS OF CHILDREN REQUIRING MEDICATION IN SCHOOL:

In compliance with the rules and regulations of the New York State Education Department, you are requested to complete this form so the required medication may be administered in school to your child.

NAME OF DRUG \_\_\_\_\_

GENERIC NAME OF DRUG, IF POSSIBLE \_\_\_\_\_

DOSAGE AND FREQUENCY \_\_\_\_\_