

From the Nurse's Desk

168 Watson * PO Box 489 * Charlotte, TX 78011

Office: 830-277-1637 * Fax: 830-277-1675

Sara Ogden, BSN, RN

Charlotte ISD District Nurse

Physician's Order for Medication

Student's Name: _____ DOB: _____

School Year: _____ Student ID#: _____

Name of Medication: _____
(specific formulation i.e. Acetaminophen)

Dosage: _____ Route of Administration: _____
(mg or mL - no ranges)

Frequency: _____ Duration: _____
(must be specific - "as needed" is not acceptable) (maximum time is current school year)

Indication: _____
(must be specific - i.e. for severe headache, "for pain" is not acceptable)

Printed/Stamped Name of Physician

Physician's Signature

Date

Physician's Phone Number

Physician's Fax Number

NOTE: Adjustment of the medication or discontinuation requires a written, signed physician's order. The Nurse Practice Act of Texas requires clarification of any order that the nurse has reason to believe is inaccurate, non-efficacious, or contraindicated by consulting with the appropriate licensed practitioner.

*** TO BE COMPLETED BY PARENT ***

Disposal of unused medication: (Circle one) Parent will pick up Medication will be disposed of by nurse

I hereby give my permission for my child to take the medication as ordered above during the school day.

Signature of Parent/Guardian

Date

For OFFICE use only: Med entered in EMR Scanned and uploaded Updated Health Condition