



Olton ISD
Medication Order

All OTC medications must have a written note from the parents/guardian. All prescription medications must have a written doctor's order. All medications must be given as prescribed. A new order must be provided each school year.

Student Name: _____ DOB: _____ Grade: _____

Drug Allergies: _____ Medical Diagnosis for Medication: _____

Clinic Address/Number: _____

This form certifies designated school employees and the school nurse to administer the medication prescribed to my child as ordered by _____.

The following is to be completed by a Physician:

Medication(s) to be administered at school:

Medication Name	Dose	Form	Route	Frequency/Times

If the medication is to be given as needed describe indications: _____

List possible side effects: _____

Start Date: _____ **End Date:** _____

I authorize Olton ISD school personnel to administer the above medication(s) to my child.

Parent/Guardian Name

Parent/Guardian Signature

Date

Physician Name

Physician Signature

Date