



COATESVILLE AREA SCHOOL DISTRICT

**MEDICATION ORDER FORM FOR ANY PRESCRIPTION AND/OR
OVER-THE-COUNTER MEDICATIONS
TO BE COMPLETED BY A LICENSED PROVIDER**

Dear Physician,

According to "Guidelines for Pennsylvania Schools for the Administration of Medications and Emergency Care" by the Department of Health, school nurses need a "medical order" from a licensed provider to administer any prescription, over-the-counter, or herbal medicines. In the past we have required only parental consent. In order to simplify the procedure we've developed the form below which will be available to parents through the school nurse, in the student handbooks, and on the school district web site www.coatesville.k12.pa.us.

We look forward to working with you to provide the best care we can for our students. If you have any questions, concerns or suggestions, please do not hesitate to contact me at _____

School Nurse

Date: _____

Name of Student: _____ DOB _____

Name of medication: _____

Dosage to be administered: _____

Time medication is to be given: _____

Date(s) medication is to be given: _____

Condition being treated: _____

Signature of licensed medical provider: _____

Name of provider: _____

Phone number: _____

ANY MEDICINE OF ANY KIND SENT TO SCHOOL FOR ANY
REASON REQUIRES A DOCTOR'S ORDER

THIS FORM MAY BE FAXED TO THE SCHOOL NURSE AT: _____

May 2010

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