

LICENSED PRESCRIBER'S STATEMENT

To the Prescriber:

The School District requires that all of the following information be provided before it will administer medication or treatment to the student.

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
School

\_\_\_\_\_  
Class/Grade

I am a licensed health professional authorized to prescribe drugs, and I have prescribed the following medication to the above named student (specify the name of the drug) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date the administration of the drug is to begin \_\_\_\_\_

Date the administration of the drug is to cease \_\_\_\_\_

Specify the dosage of the drug to be administered, and the times or intervals at which each dosage of the drug is to be administered \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify any special instructions for administration of the drug, including sterile conditions and storage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report the following side effects (i.e., severe adverse reactions) to my office immediately \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Printed/Typed Name \_\_\_\_\_ Date \_\_\_\_\_