NEWMARKET SCHOOL DISTRICT

Physicians Orders for Medication in School

Our policy requires all prescription medication, for use in school, must have a parental permission form and a signed and dated Doctor's order on file each year.

Date: _____

Name of Student: _____ D.O.B._____

Diagnosis:

_____

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Name of Medication: _____ Dose:_____

Time:_____

Starting Date: _____EndingDate:_____

Any Restrictions: _____

_____

Printed Name of Physician_____

Signature of Physician_____ Date_____