

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 _____