



Jerome School District #261 - District Nurse Services

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Educating Today for Tomorrow's World

Physician's Order for Prescription Medication Given in School

Note to Parent/Guardian:

The Provision of medications to students during school hours is discouraged. However, Jerome School District recognizes those special cases where a student's physician documents a need for in-school dosing.

1. It is the policy to maintain a signed order for EACH medication that the school personnel are asked to dispense during school hours. This form must be completed, signed, dated, and returned the student's school BEFORE any medication(s) can be given. This form must be renewed each school year.
2. The medication must be sent to school in its ORIGINAL container with ORIGINAL pharmacy label with student's name, name of drug, name of prescriber, pharmacy name, Rx number, date of prescription and expiration date.

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Teacher: _____ School Nurse: _____

To be completed by the Physician or Authorized Prescriber

Diagnosis: _____

Name of Medication: _____

Form of Medication/Treatment:

- Tablet/Capsule Liquid Inhaler Injection Nebulizer Other

Instruction: _____

Restrictions and/or Other Important Side Effects:

- None anticipated
 Yes. Please Describe: _____

Storage Requirements: None Refrigerate

Immediate access to this medication by the student:

- Be kept with the student at all times Be kept in the school's office
 Be kept in student's desk Be kept in student's classroom

Physician's/Prescriber's Signature: _____ Date: _____

Address: _____ Phone #: _____

To be completed by Parent Guardian:

I give my permission for my child to receive the above medication at school according to school policy.

Date: _____ Signature: _____