

MARION COUNTY SCHOOLS
DEPARTMENT OF HEALTH SERVICES

**MEDICATION ORDER FORM
PHYSICIAN'S ORDER AND PARENTAL CONSENT FORM**

The medication administration policy of the Marion County School System states: medications shall be administered only when the student's health requires that they be given during school hours. Medications that are administered at school must be brought to school by the parent/guardian and must be in the original container with pharmacy labels attached, stored in a locked cabinet, and administered under the supervision of the school nurse, school principal, or his/her designee. Written authorization from the student's parent/guardian and physician is required, and is for the current school year only. *Inhalers or emergency medications are allowed to be carried by the student if ordered to do so by the physician and competency is evaluated.

Student's Name: _____ School: _____

Date of Birth: _____ Allergies: _____

Medication	Dosage/Route	Dose Schedule	Reason

(Initials of physician) * Please allow student to carry inhaler with self at all times to be used in an emergency situation. I have instructed the student on the proper administration of medication and feel that the student is competent to carry his inhaler.

Date: _____ Physician's Signature: _____
Address _____
Phone: _____

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I hereby give my permission for the above named student to receive the above prescribed medication at school. I agree to cooperate with the school system's policies on medication.

Date Parent/Guardian Signature