



Victor Valley Seventh-day Adventist School

Where Excellent Education and Core Christian Concepts Meet

17137 Crestview Drive, Victorville, CA 92395 (760) 243-4176 Fax: (760) 245-5606 vvsda.com

PHYSICIAN'S ORDER FOR ADMINISTRATION OF ORAL MEDICATION BY SCHOOL PERSONNEL

Child's Name _____ Child's Address _____

I have prescribed the following medication for this child and request that dosage falling during school hours be administered by School personnel. (NOTE: Authorization is also needed for non-prescription medications.)

MEDICATION: _____

Condition for which prescribed: _____

Instructions for use: _____

Dosage: _____ Time: _____

Frequency: _____ How Long: _____
(number of days)

Date: _____ Physician's Signature: _____

Address: _____

Phone: _____

Pharmacy: _____ Phone: _____ Rx.No. _____

PARENTAL PERMISSION

I have delivered the above medication in the original container to the School and request that it be given to my child as prescribed.

I release _____ personnel from any liability in relation to the administration of this medication at the School.

Date: _____ Signature of Parent or Guardian

SCHOOL STAFF: fill in the date and time, then initial whenever dispensing medicine.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

DISPOSITION OF MEDICINE: Returned to Parents: _____ Date: _____

NOTE: Please place this form in the child's folder when medication is complete.