

**THE STARK COUNTY PUBLIC SCHOOLS
PHYSICIAN'S ORDER FOR
PRESCRIBED ORAL MEDICATION**

R. G. Drage Career Technical Center
FAX: 330-832-9850
www.rgdrage.org

**** BOTH STATE LAW O.R.C. AND ALL PUBLIC SCHOOLS WITHIN STARK COUNTY
REQUIRE THE FOLLOWING INFORMATION WHEN CHILDREN NEED ADMINISTRATION
OF PRESCRIPTION DRUGS. PLEASE COMPLETE THE FOLLOWING INFORMATION AND
FORWARD TO THE SCHOOL.**

Student Name _____ Age _____
Last First I.

Address _____
Street City Zip

School District _____ Building _____ Class/Grade _____

Name of Medication _____ Oral Dosage _____

Times at which the medication is to be administered: _____

Administration of medication to begin: _____

Administration of medication to end: _____

Significant side effects (adverse reactions) that should be reported to the physician:

Special instructions for administration of the drug, including sterile conditions and storage:

Physician's Signature

Physician's Emergency Telephone #

Parent/Guardian Signature

Parent/Guardian Emergency Telephone #

Date _____

IMPORTANT NOTE: The school **MUST** be notified if any information provided by the physician changes. The medication **MUST** be delivered to the school by the parent/guardian in the **same container in which it was dispensed** by the prescribing physician or licensed pharmacist.

This form has been approved by The Stark County Medical Society.

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