



Physician's Order for Change or Discontinuance of Current School Medication

Health Related Services



Whenever a Physician and parent decide to make a medication dosage change on medication currently being taken at school, the Physician *must* provide the school with a new written directive. **Only a physician's order can be followed when students take long-term medicine at school.** Parents may bring this form or Physicians may fax this form to the school office.

Student: _____ D.O.B: _____ Sponsor's S.S. #: (Military Dependent Only) _____
School: _____ Grade: _____ Homeroom: _____ Sponsor's Branch of Service: _____
School Phone: _____ School Fax Number: _____

Current medication, dosage and times given at school: _____

Reason given to school for medication change (if known): _____

Did parent request this form be faxed to the physician? Y _____ N _____

Contact Person: _____

Signature

Attach/send a copy of the current HRS-29 along with this request to the physician.

Physician's New Order for Assistive Medication Administration at School

Medication and dosage of prescription before change: _____

Change to: New dosage to be given: _____

Time(s) to be given at school: _____

Date change effective: _____

Physician's Name: _____

Address: _____

Phone: _____

Physician's Signature: _____ **Date:** _____

Date and Time received at School: _____

Physician's New Order to Discontinue Assistive Administration of Medication

Medication: _____ **Effective Date:** _____

Physician's Name: _____

Address: _____

Phone: _____

Physician's Signature: _____ **Date:** _____

Date Form Received: _____ **Initialed By:** _____

