

ADMINISTRATION OF PRESCRIBED ORAL MEDICATION FORM (cont'd)

PART II: (to be completed by Physician)

Re: _____
(name of student/patient)

a) Specify the medication, dosage, frequency and the method of administration of this medication during the school day:

b) I anticipate the child's reactions to the prescribed medication will be:

(Date)

(Signature of Physician)

(Telephone)

(Mailing address)