

# PHYSICIAN ORDER FOR MEDICATION

(Please complete one form for each medication.)

Under Kentucky Nursing Law, a licensed nurse must have a Medication Order from a Physician, Dentist, Nurse Practitioner, or Physician's Assistant to administer or delegate to unlicensed school personnel to administer any prescription medication or any over-the-counter (OTC) medication. This form must be completed by the student's medical provider and be on file at the school before any medication can be given. Medicine will be administered to the student by the School Nurse or by unlicensed school personnel trained and delegated to administer medication by the School Nurse.

The medicine must be sent to the school in the original container.

## Physician Order - Medication

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

School: \_\_\_\_\_ School Year: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Time to Administer at School: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Route: \_\_\_\_\_

Start Date: \_\_\_\_\_ Duration of Order: \_\_\_\_\_

Possible Side Effects of the Medication: \_\_\_\_\_

Reason for Medication or Diagnosis: \_\_\_\_\_

X \_\_\_\_\_  
(Physician's Signature)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
(Printed Name)

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ RN Date: \_\_\_\_\_