



ST. MARY MAGDALENE CATHOLIC SCHOOL

625 Magdala Place, Apex, NC 27502 919-657-4800 Fax 919-657-4805

Physician Order for Student Medication

To be completed by parent

Child's name _____ Age _____

I request that my child be administered the medication as indicated in the physician's order below. I understand that non-medical personnel may administer the medication. I understand that the school undertakes no responsibility for the administration of the medication and I hereby release St. Mary Magdalene School and its agents and employees from any and all liability that may result from my child taking the medication listed.

Parent/Guardian Signature

Daytime Telephone

Date

To be completed by Physician

The child indicated above must have the medication listed during school hours.

Name of medication

Dosage

Time to be given

Method of administration

Side effects to be aware of

Duration of order _____ *to* _____
Date *Date*

Physician's Signature

Physician's Name (type or print)

Office Telephone