Clinton School District #32
20397 East Mullan Rd
Clinton, MT 59825
Phone: 406-825-3113 Fax: 406-825-3114

SHORT TERM MEDICATION ORDER

Date: ________________ School: ____________________ Year _____/_____

Student: ____________________ DOB _____________ Grade __________

Physician: ______________________ Phone: ________________ Fax: _________________

Diagnosis/Illness: ___________________________________ Administer at: _____________

Medication: _________________________ Dose: _____________ Route: ____________

Purpose of Medication: ____

Possible of Side Effects: ____

Special instructions for the School Nurse or Teacher: ___________________________________

Physician Signature: _____________________________________ **Date:** __________________

Start Date: ____________ End Date: ___________ Med returned Date: _________

Initial ________ Signature ___________________ Initial ________ Signature ____________________

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PARENT PERMISSION

I hereby give my permission for _______________________ to take the short-term medication prescribed by our physician. I authorize the School Nurses to communicate with the above physician's office, if needed and may only include the prescription or treatment itself, implementation of the treatment in school and student outcomes of the treatment.

Note: The prescription medication is to be brought to school in the original container, appropriately labeled by the pharmacy. Over-the-counter medication must be brought to school in its original container with label intact. It is my responsibility to pick up the medication on the last day of the school year or when discontinued (whichever occurs first) or it will be discarded.

Nurse's Comments: Specific directions to be followed (i.e. give with milk) or negative-response to be reported immediately (i.e. rash, vomiting).

___________________________ ______________________________ _________________
Parent's Printed Name Parent's Signature Date

___________________________ ______________________________ _________________
School Nurse Name School Nurse Signature Date

2/28/2019 Revised (jp)