

**Parent Request and Physician's Order Form
Wake County Public School System**

To be completed by parent:

Child's Name _____ Age _____ School _____

I request that my child be administered the medication as indicated in the physician's order below. I understand that non-medical personnel conduct the administration. If an emergency injection is ordered, I give permission for the School Nurse to instruct designated staff in the administration technique. I understand that it is my responsibility to transport the medication to school unless special arrangements are made with the principal.

I authorize the release and exchange of medical information between my child's physician, school nurse and Wake County Public School System that is necessary in carrying out this service for my child.

Parent/Guardian Signature Telephone/Cell Date

Para ser completado por padre:

El Nombre del niño _____ La edad _____ La escuela _____

Solicité que mi niño sea administrado la medicina como indicado en la orden de medico abajo. Entiendo que eso personal no medico conduce la administración. Si una inyección de la emergencia se ordena, doy el permiso al Enfermero de Escuela para instruir el personal designado en la técnica de la administración. Entiendo que soy mi responsabilidad de llevar la medicina para educar a menos que los arreglos especiales se hagan con el director.

Autorizó la liberación y el cambio de información médica entre mi medico de niño, enfermero de escuela el sistema Escolar Público del Condado de Wake que es necesario en se lleva a cabo este servicio para mi niño.

El padre/Firma de guardian Teléfono/Celular la Fecha

To be completed by doctor:

The child indicated above must have the medication listed during school hours in order to function at school.

Name and form of medication Dosage Hours to be given

Method of administration

Administration by Student School Personnel

Side effects to watch for:

Duration of order

Telephone Physician's Name (Please type or print) Physician's Signature Date

To be completed by school:

Persons Administering Drug

Name Title

Name Title

Name Title

Approved by _____
Signature of Principal Date