

HARDIN-JEFFERSON INDEPENDENT SCHOOL DISTRICT

Physician's Request for Administration of Medication During School Hours

Student's Name _____ Grade _____

Reason/Diagnosis for medication _____

	Name of Medication(s)	Dosage	Time to be given	Restrictions, Side Effects or Precautions
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

Date: _____ Physician's
Signature: _____

Physician's Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

We appreciate your help in keeping us current on your patient's medication. You can understand how important it is for us to give the correct dosage at the correct time of day.

Please use our fax number to help keep our records current as we will give the medication according to **your** last written order.

Thank you in advance!

The schools' fax numbers are as follows:

Sour Lake Elementary 287-3987

Henderson Middle School 752-2049

China Elementary 752-5669

Hardin - Jefferson High School 287-2558