

**GREEN LOCAL SCHOOL DISTRICT
PHYSICIAN'S REQUEST FORM**

This form must be completed for each student requiring the following procedures and signed by the physician prescribing:

- I. The Dispensing of Medication
- II. Intermittent Catheterization of Student
- III. Administering Other Medical Procedures Fully Described in Writing by the Attending Physician

Student's Name: _____ Address: _____

A. Medication and dosage or procedure required (include specific times for medication)

B. The number of times the above medication or procedure is required

C. Describe possible reactions which should be reported to the physician

D. Special instructions including storage and sterile requirements

E. Date when the medication or procedure is no longer required _____

Date of request _____ Physician's Name

Address _____

Phone # _____

Physician's Signature _____

F. School personnel approved by the Green Local Board of education are herewith authorized to administer the medication or procedure as instructed by the physician above.

(over)

I agree to:

- (1) Deliver the medication to the school
- (2) Notify the school if we change physicians
- (3) Written notifications to the school by a physician if the medication, the dosage or the procedure is changed, or to be eliminated

Signed _____
Parent or Guardian

Address _____

Phone # _____

G. Signature of the Building Principal _____

Date _____

Signature of persons authorized to administer the medication or procedure

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____