

Optional:  
Child's Photo  
(Attach here)

BATAVIA SCHOOL DISTRICT #101

ORDER FOR ADMINISTRATION OF MEDICATION

**Please complete in detail.  
Physician and parents must sign this order.**

Adjustments in dosage during the school year may be made on a prescription form.  
The school R.N. will attach the prescription to this form.

1. Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
2. Parent(s) Name: \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_
3. Grade Level \_\_\_\_\_ Teacher Name (K-5 only): \_\_\_\_\_
4. Licensed prescriber's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Prescriber's phone number: \_\_\_\_\_
5. Medication and dosage: \_\_\_\_\_
6. Route and time of administration: \_\_\_\_\_
7. Diagnosis requiring medication: \_\_\_\_\_
8. Intended effect of medication: \_\_\_\_\_
9. Date of prescription: \_\_\_\_\_
10. Discontinuation date: \_\_\_\_\_
11. Time interval for re-evaluation: \_\_\_\_\_
12. Side effects for which student must be observed: \_\_\_\_\_  
\_\_\_\_\_
13. Emergency conditions and directions under which medication may be administered by a certified staff member if administration by the school nurse, emergency medical personnel or self-administration cannot be achieved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Other medications student is receiving:

Medication/dosage: \_\_\_\_\_ Medication/dosage: \_\_\_\_\_

Hours: \_\_\_\_\_ Hours: \_\_\_\_\_

Reason: \_\_\_\_\_ Reason: \_\_\_\_\_

**LICENSED PRESCRIBER:**

\_\_\_\_\_  
Signature Date of Signature and Order

**PARENT OR GUARDIAN:**

I grant permission to Batavia School District #101 employees to administer/supervise the medication described above in accordance with the School District's Regulations Governing the Administration of Medications in the schools.

\_\_\_\_\_  
Signature Date of Signature

Telephone: \_\_\_\_\_  
Emergency Telephone Numbers

Approved by R.N. to begin administration on \_\_\_\_\_, 2003-04.

\_\_\_\_\_  
Signature of R.N. Date of Signature

\_\_\_\_\_  
Signature of Certified School Nurse

	School Fax No's.	School Telephone No's.
Batavia High School	630-879-4698	630-879-4600 X2 X 4900
Sam Rotolo Middle School of Batavia	630-879-4624	630-879-4620
Alice Gustafson School	630-879-9913	630-879-4629
Grace McWayne School	630-406-8439	630-406-6330
H.C. Storm School	630-406-6346	630-879-4637
Hoover-Wood School	630-406-8243	630-879-1636
J.B. Nelson School	630-879-4887	630-879-4633
Louise White School	630-406-6337	630-879-4641