Campus	_ School Fax					
Northside Independent School District Health Services Department Physician Order for Administration of Medication/Special Procedures by School Personnel						
Special health care procedures and medianeessary for school attendance and calcompleted form along with medication at seizure medications. See https://nisd. Forms must be completed for each so	nnot otherwise be a nd/or special equip net/health-service	accomplished ment to the s	l. After clinici chool. Spec	ian completes form ial forms are avail	, parent /guardian should bring able for allergy, asthma, and	
Prescribed medication/treatment may be Prescription medications should be brou should request that the pharmacist disp note: Complete orders are required for be brought to school in a new, unopened doctor's visit, to avoid extra clinician office.	ght to school in the pense two (2) bott or school dispensi d bottle. It is recomi	original cont les of medic ing of Over-t	ainer approp ation, one fo he-Counter	oriately labeled by too home and one for Medications. Over	he pharmacy. Parent/Guardian or school. **Clinician's please er-the-counter medicine must	
Student's	Date	of า	Student ID#			
Name Diagnosis/Condition for which medica						
Medication/Procedure	Strength	Dose	Route	Time or Frequency	Precautions, possible untoward reactions	
Special Instructions:						
Physician's Signature:				Date		
Physician's NamePhone #						
Address	nurse? Yes	No		Fax #		
Parent/Guardian: We (I), the undersigned, the parent/guar Request that the above medication/proc					Date	

Telephone_

Relationship

Home/cell

Business

Parent/Guardian Signature