

Lancaster Community School District

Students

REQUEST FOR PRACTITIONER ORDER

Date _____

Re: Administration of medication to _____
Student's name

Dear _____:

Pursuant to the request of the _____ of _____,
(parent/guardian) (student's name)

the teacher and I have been asked to administer medication in the school setting. In order for us to proceed with the medication regime you have prescribed, please complete the practitioner order for medication administration form which requires you to address and direct this information to me and _____.
(teacher's name)

Before medication will be administered by school personnel, a practitioner order for medication administration form and parent/guardian over-the-counter medication consent form (if applicable) shall be returned to school personnel.
Please feel free to call me should any questions arise.

Sincerely,

School Nurse

EXHIBIT APPROVED: January 9, 1985

EXHIBIT REVISED: