WILLISTON SCHOOL DISTRICT #29

12255 Main Street | Williston, SC 29853 | (803) 266-7878 | Fax (803) 266-3879

PHYSICIAN'S ORDER FOR STUDENT SELF-MEDICATION

Student's Name _____ D.O.B. _____

Diagnosis _____

Medication _____ Dosage _____ Route _____

Frequency _____ Side Effects _____

I agree that this student must be allowed to have the above named medication on his/her person during school hours, in transit to and from school or school-sponsored activities, during after-school activities on school property, and during any school sponsored activity. This student has demonstrated competency in self-monitoring and self-administration of this medication.

Signature of Physician _____ Date _____

Physician's Name (Print) _____

Phone _____ Fax _____

Working closely with our Physician I have decided to allow my child to self-monitor and self-administer the above medication while at school. My child has been trained by our physician and has demonstrated competency in this procedure. My child must be allowed to possess this medication at school sponsored activities, in transit to and from school or school-sponsored activities, and during after-school activities on school property. I realize that the Williston School District cannot be held responsible for any adverse outcome of this action. I am responsible for replacing expired medication before the expiration date. I will provide the medication in the original container, clearly labeled with my child's name. I will notify the school immediately if the medication is discontinued or the dosage has been changed. Permission is granted to the principal and/or school nurse to share this information with individuals who have responsibility for my child. The first dose will be given at home so that I can monitor adverse reactions. I give the school nurse my permission to contact the physician's office to request medical information concerning my child.

Parent/ Legal Guardian _____ Date _____

Student _____ Date _____

School Nurse _____ Date _____

Principal _____ Date _____