



St. Mary's Catholic School – Physician Order

1101 E. 5th Street, Natchitoches, LA 71457

318-352-8394 • Fax: 318-352-5798 www.smstigers.org



PART 1: TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Student's Name: _____ Birthdate: _____
Last First Middle

I certify that my child is an enrolled student at St. Mary's Catholic School in the _____ grade.

Signature of Parent or Legal Guardian: _____ Date: _____

PART 2: TO BE COMPLETED BY LICENSED PHYSICIAN

Relevant diagnosis(es): _____

Student's general health status: _____

Medication: _____

Strength of medication: _____ Dosage: _____

Route: By mouth _____ By inhalation _____ Other _____

Frequency: _____ Time of dose: _____

School medication orders should be limited to medication that cannot be administered before or after school hours.

Duration of order: Until end of school term _____ Other _____

Desired effects: _____

Possible side-effects of medication: _____

Any contraindications for administering medication: _____

Other medications being taken by student when not at school: _____

Physician's Name (Printed) Address Phone and Fax #

Physician's Signature Credential Date

Each medication order must be written on a separate form. Any future changes in directions require a new order. Orders sent by fax are acceptable. Orders to discontinue must also be written.

PART 3: INHALANTS | EMERGENCY DRUGS | DIABETIC (Licensed physician to complete as appropriate)

THIS SPACE IS ONLY FOR STUDENTS WHO WILL SELF-ADMINISTER OR SELF-MONITOR

- ____ Yes ____ No This student is capable of self-administration or self-monitoring.
- ____ Yes ____ No This student must carry all medication and testing items on their person at all times.
- ____ Yes ____ No This student may keep all medication and testing items in the nurse's office.
- ____ Yes ____ No This student has been adequately instructed by medical staff and demonstrated competence in self-administration of medication.

Physician's Signature Credential Date