

Mende Kemper RN, BSN **District Health Coordinator**

Physician's Request for Medicine

The Lincoln County R-III School District requires that all students who need medication during school hours MUST do the following:

- Present a written consent form signed by the parent/guardian and Physician
- Bring the medication in the original bottle, properly labeled by a registered pharmacist as prescribed by law--MUST LIST GENERIC, if sending a generic medication.
- If prescribing over-the-counter medication, the parent/guardian must supply the medication prescribed--MUST LIST GENERIC, if sending generic medication.

Date:

Name of Student: _____ DOB: _____

Does this student have any allergies to medications, food, environmental, or insect stings? Y Ν

List Allergies:

Prescribed Medication Name (If generic please list it that way)	Diagnoses for Med. Prescribed	Start date of Medication	Dosage Required	Time medication will be taken	Length of time on medication

Physician (Printed Name) (Address) (Phone) Physician Signature: _____ _____, request for my child to receive the above I, ____ (Parent/Guardian Print Name) medication(s) at school. I understand that it is the responsibility of the student to go to the nurse's office at the appropriate time. Parent/Guardian Signature: _____ Date_____ Home Phone: _____ Cell Phone: _____ 951 West College St. Troy, MO 63379 (p) 636.462.4930 (f) 636.462.4931 www.troy.k12.mo.us Trusting Relationships, Superior Instruction