## GREAT NECK PUBLIC SCHOOLS

## **Health Services**

Physician's Order / Parent Authorization for Administration of Medication

SCHOOL
DATE
GRADE
PHYSICIAN'S ORDER
TO BE COMPLETED BY PHYSICIAN:
PLEASE ADMINISTER TO MY PATIENT:
THE FOLLOWING MEDICATION AS INDICATED:
MEDICATION
DOSAGE
TIME
SIDE EFFECTS, IF ANY
Physician's Signature & Stamp
 Date
Date
PARENT AUTHORIZATION
TO BE COMPLETED BY THE PARENT OR GUARDIAN:
I request that my child,
pharmacy. I understand that the school nurse or other assigned person will administer the medication.
Parent or Guardian Signature
Date

302MD-ParentAuth 11/13