Chaminade-Madonna College Preparatory
500 Chaminade Drive • Hollywood, FL 33021 • (954) 989-5150

PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

_____ is under my care and should receive _____
Name of Student Name of Drug

_____ at the following times: _____
Dosage/Route

Specific instructions for administration: _____

Possible side effects to watch for: _____

Expiration date of this request: _____

_____ _____
Physician's Name (Please Print) Physician's Signature

_____ _____
Physician's Phone Number Date

*This form should be updated not less than once each school year.