

Licensed Prescriber's Statement

To the Prescriber:

Cloverdale Community School Corporation requires that all of the following information be provided before it will administer medication or treatment to the student.

Name of Student

Date of Birth

School

Grade

I am a licensed health professional authorized to prescribe drugs, and I have prescribed the following medication to the above named student

Date drug administration is to begin _____

Date drug administration is to end _____

Specify the dosage of the the drug to be administered, and the times or intervals at which each dose is to be administered _____

Specify any special instructions for the administration of the drug, including sterile conditions and storage _____

Please report the following side effects or adverse reactions to my office immediately

Prescriber's signature _____ Date _____

Printed Name _____ Telephone number
