

**Physician's Request for Administration of Medicine  
ONE PER MEDICATION**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

**Physician's Orders:**

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) to be given: \_\_\_\_\_

Side Effects (if any for this patient): \_\_\_\_\_  
\_\_\_\_\_

Restrictions on Physical Activity (if any) \_\_\_\_\_  
\_\_\_\_\_

Physician's Name (printed) \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental or Guardian's Permission**

I request the Trip Medical Staff Member to assist my child, \_\_\_\_\_ in taking any **prescribed medications** indicated for said child or approved **"over the counter"** medications deemed appropriate.

Prescription # \_\_\_\_\_ Pharmacy: \_\_\_\_\_ Phone#: \_\_\_\_\_

by Dr. \_\_\_\_\_ Dr Phone # \_\_\_\_\_

For the period from \_\_\_\_\_ to \_\_\_\_\_.

**The medication listed above will be delivered to the Medical Assistants in original container with the student's name, physician's name, date of original prescription, name and strength of the medication and dispensing directions.**

I, the parent or guardian, agrees by signing this request and 'Hold Harmless' statement that I shall not hold liable any member of the Timberlane Music Association Staff who is directed to assist my child in taking of these prescribed or Over the Counter Medicines.

Parent or Guardian Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_