



# TINDLEY

GENESIS ACADEMY

## PHYSICIAN'S ORDER FOR MEDICATION

Name of Scholar \_\_\_\_\_

Medication	Strength	Dosage	*Time to be given	Route of Administration	Duration of Order

**\*\*Medication may be given 30 minutes before or after time indicated.**

Scholar is knowledgeable about this medication and how to administer it.

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_

(For Scholars w/ Asthma)

Type of Asthma (Bronchial, allergic, exercise induced): \_\_\_\_\_

Child may carry inhaler and self administer medication.

\_\_\_\_\_  
Physician's Name- **PRINTED**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date