

Addendum form for Medications During School Hours

Student Name _____ Grade _____

| Licensed Prescriber Orders for School Hours | | | |
|---|--|---|-------------------------|
| Medical Diagnosis: | Specify: | Date of diagnosis: | |
| Medication | Dose | Route | |
| Frequency | Special Instructions: <input type="checkbox"/> Activate EMS if <input type="checkbox"/> Other special instructions: | | Potential Side Effects: |
| Duration of Order: End of school Year unless specified below: <input type="checkbox"/> Earlier date (specify): | Prescriber Name (printed) | Prescriber Address: Prescriber fax: Prescriber Phone: | |
| Prescriber signature: | | Date: | Received (CBCA) |

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