

# CHAMPLAIN VALLEY EDUCATIONAL SERVICES PHYSICIAN ORDER FORM

WAF Center, 1585 Military Turnpike, P.O. Box 455, Plattsburgh, NY 12901 Telephone: 518-561-0100, Ext 314, 315

Yandon Dillon Educational Center, Mineville, NY 12956 Telephone: 518-942-6691, Ext. 103

Dear Parent,

Due to very strict NEW YORK STATE regulations, the State Department of Education requires that no medication shall be given in school without a physician's written order.

In order for the school nurse to administer medications at school, she must have the following:

1. Written order from the physician directing the nurse to give medication. Order must include the student's name, date of birth, order date, diagnosis, ICD-9 Code, name of medication, dosage, strength and frequency with time to be given. If medication is a PRN, dosage must be specific.
2. Written parental permission is required to administer medication at school.
3. Medications must be brought in by a responsible adult over 18. The student is NOT allowed to bring medications on the bus.
4. Medications must be brought in a properly labeled pharmacy container.

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Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

ICD-9 Code: \_\_\_\_\_

1. Medication \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency/Time: \_\_\_\_\_ School year to include summer: \_\_\_\_\_

Side effects to report: \_\_\_\_\_ to be expected \_\_\_\_\_

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

ICD-9 Code: \_\_\_\_\_

2. Medication \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency/Time: \_\_\_\_\_ School year to include summer: \_\_\_\_\_

Side effects to report: \_\_\_\_\_ to be expected \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

\_\_\_\_\_  
Signature of Physician                      Date  
Address, Telephone

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
DEA #

\_\_\_\_\_  
NPI #