



PHYSICIAN'S MEDICATION ORDER

(Student's Name) _____ has been under my care
for (condition or diagnosis) _____. S/he may
attend SCAMP, but must take (medication) _____.

This medication cannot be taken effectively outside SCAMP hours. Please administer the medication in
SCAMP as follows:

Dose: _____ Route: _____ Frequency: _____ Duration: _____

Special Instructions: _____

(Doctor's Name Printed) _____ Date: _____

(Doctor's Signature) _____

Telephone: _____

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PARENT/GUARDIAN PERMISSION

I have read and understand this form. I hereby grant permission for my child to receive the medication
_____ as directed by his/her physician.

(Parent/Guardian Signature) _____ Date: _____

Telephone: _____