



Newburg R-2 Public School *Phone 573-762-9653 ext. ⁴ *Fax 573-762-2498

Physician Request Form for Prescription and Non Prescription Medication



Date form received _____

Student's Name _____

Grade / Teacher _____ Date of Birth _____



Name of Medication _____

Dose/ amount to be given _____

Time to be given _____



Route to be given _____ (Mouth, Ear, nose, Skin, other)

Will be given for what reason _____

Start date _____ Stop date _____



Restrictions placed on physical education activity and for what length of time

Other notes/Adverse effects _____



Physician Signature: _____ Date: _____

Phone number : _____



*I understand that it is the student's responsibility to come to the office at the appropriate time for the medication.

*I understand that a **parent** must deliver medication to the school in the original bottle with a correct label.

*I give my authorization for the physician to release information /nurse to contact the physician concerning the above medication if questions should arise.



Parent Signature: _____ Date: _____

Phone number #1 _____ #2 _____

