

CARROLL COUNTY PUBLIC SCHOOLS
125 North Court Street
Westminster, MD 21157

(Date)

Dear Physician:

You have prescribed the medication: _____ to be administered at school for: _____, (age: _____) a student at _____ School. The safety and effectiveness of _____ in children has not been established.

In order for this medication to be administered during the school day, the following must be signed and dated by the prescribing physician:

I am aware that the safety and effectiveness of _____ has not been established in children. In my medical opinion, it is necessary for the student, _____ to receive _____, (Dosage: _____ Time: _____). This medication may be administered by the school health nurse under my direction. I will assume full responsibility for any untoward effects.

Physician Signature

Date