



COLLEGE OF SOUTHERN IDAHO
Head Start/ Early Head Start
 PO Box 1238, 998 Washington St N.
 Twin Falls, Idaho 83303-1238
 208-736-0741



PHYSICIAN’S MEDICATION ORDERS FOR SCHOOL ADMINISTRATION

It is the policy of CSI Head Start/ Early Head Start to maintain signed orders for each prescription or non-prescription drug that school personnel are asked to dispense to students during school hours. This must be renewed each school year. The following form must be completed, signed, and returned to the child’s school office before any medication can be dispensed.

Child’s Name: _____ **Birth Date:** _____

Diagnosis (or Reason For Medication): _____

Physician’s Name: _____ **Office Phone:** _____

Medication: _____

Route of Admission: _____ **Oral** _____ **Topical** _____ **Injection** _____ **Drops**

How Often (or Times):

Possible side Effects (If Significant):

Physician Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian must sign this form granting permission for College of Southern Idaho Head Start Personnel to administer the medication as prescribed by the above physician. I/ we certify that I/we have the legal authority to consent to medical treatment for the child named above, including the administration of medication at school. I/ we authorize College of Southern Idaho Head Start Personnel to communicate with the health care provider as allowed by HIPAA.