

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
STUDENT SPECIFIC PHYSICIAN'S ORDERS**

This information is not to be released to any other agency without prior approval of the Parent/Guardian

Student Name: _____ DOB: _____ ID#: _____ School _____
School Year _____

Diagnosis: _____ ICD-10 Code: _____

Medication to be administered at school

<u>Name of Medication</u>	<u>Dosage</u>	<u>Time(s)</u>	<u>Route</u>	<u>Date to Begin / End</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

___ Dietary restrictions _____

___ Clean Intermittent Catheterization _____

___ Respiratory Care/Treatments _____

___ Student may carry metered dose inhaler on his/her person while in school or school activity. (Student is responsible for inhaler and self-dosing.)

___ Physical Education / Recess / Activity Limitations _____

___ EpiPen administration for signs and symptoms of anaphylaxis/ Parental authorization required. (911 must be called if EpiPen is administered.)

___ Student may carry EpiPen and self-administer by auto injector while in school, participating in school sponsored activities, or in transit to or from school or school sponsored activities.

___ Special Health Monitoring _____

___ Seizures Monitoring _____

___ Other _____

Non-medically licensed personnel trained by a District Nurse, excluding tracheotomy care and insulin administration according to FS 1006.062, may administer prescribed procedure(s).

***Orders are valid for 1 Calendar year unless otherwise stated.**

Physician Name _____ Telephone _____

Physician Signature _____ Date _____

District Registered Nurse Review Signature _____ Date _____

Parental Authorization (Required for carrying/self-administering EpiPen.) _____ Date _____