

**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 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 \_\_\_\_\_