

Medication Request and Physician Order Form
One Heart Africa Academy
East-Legon -Suya Street.

To be completed by parent:

Child's name..... Age.....

Parent/Guardian Name.....

I request that my child be administered the medication in the physician's order below. I understand that non-medical personal conduct the administration. If an emergency injection is ordered. I give permission for OneHeart Africa Academy to instruct designated staff in the administration technique. I understand that it is my responsibility to transport the medication to school unless special arrangements are made with the principal.

I authorize the release and exchange of medical information between my child's physician, nurse and One Heart Africa Academy that it is necessary in carrying out this service for my child.

.....
Parent/Guardian Signature

.....
Telephone

.....
Date

To be completed by physician

The child indicated above must have the medication listed during school hours in order to function at school.

.....
Name and form of medication

.....
Dosage

.....
Hours to be given

Method of administration.....

Administration by studentSchool Personnel.....

Side effects to watch out
for.....

Physician's Name..... Physician's Telephone.....

Physician's Signature.....

Date of approval.....