



St. Patrick School
4333 Parnell NE
Ada, Michigan 49301
616-691-8833

URGENT

Our student, your patient _____ Date of birth: _____ was issued a prescription medicine by:

Dr. _____

of your office. Instructions to the parent noted that the prescription was to be given at school by school personnel. Please have the form below filled out and signed by our student's physician.

**Failure to have this form signed by your physician and returned to us means that
We will be unable to deliver these medications to your patient.**

Please help us to avoid this matter by promptly faxing this order back to our school.
Thank you

Please release the necessary information to St. Patrick School: _____
Parent's signature & date

Return Fax #: (616) 691-6309

DOCTOR'S ORDERS & DIRECTIONS

You are hereby directed to give to _____ his/her medication _____
(Name of Child) (Name of medication)

in the amount of _____ tablets/capsules or _____ teaspoons at am/pm daily, or as follows: _____

Duration: _____

Signature: _____ Telephone Number: _____
(Physician)

Print or type Name: _____

IMPORTANT: By St. Patrick School policy medication must be sent directly from the pharmacy or physician's office or brought to school by the parent/guardian in the original pharmacy container.