

Rancho Santa Fe School
Physician's Statement
Valid for the 2018--2019 School Year

Name of Pupil: _____
Last First Date of Birth

Teacher: _____ Grade: _____ Room #: _____

This portion is to be completed by a physician licensed in the State of California:

- List the condition(s) for which the medication is to be given:

- List indication/signs and symptoms for administering the medication:

Name of Medication	Dose	Route	Frequency
1.			
2.			
3.			

Discontinue Medication #1 on _____
Date

Discontinue Medication #2 on _____
Date

- Type of assistance needed for administering medication (i.e. observe, measure, etc.)

- Precautions for administration or storage of medication:

Physician Name/License Number

Phone Number

Physician Signature

Date