

**STATEMENT OF PHYSICIAN-- Order for medication**

to St. Boniface School

*This information must be provided to the school when the student returns with medication.*

**St. Boniface School Fax # 618-692-8385**

**STATEMENT OF PHYSICIAN-- Order for medication**

Name of Student	Grade	Date
Diagnosis	Name of Medication	
Dosage	Time of Administration	
Method of Administration	Date to Discontinue	
Predictable Side Effects		
Contraindications		
Physician's Signature	Telephone Number	
Address	City State Zip	

All medications will be kept in a locked cabinet. The principal will administer or designate an appropriate person to administer the medication.