DISTRICT Five SCHOOLS
Spartanburg County
Every child...every day.

District Five Schools of Spartanburg County

Physician Authorization for Medication Administration

Physician:		
Student's Name:		Date of Birth:
School:	Grade:	Teacher:
Diagnosis:		
Name of Medication:		Dosage:
Time of Administration:		Duration:
Special Instruction for Medication/Nursing Procedure:		
Physician's Signature:		Date:
Physician's Name (PRINT)		Phone:
Address:		