



Elem. School Phone: 586-7577 Fax: 586-8239
Middle School Phone: 586-7561 Fax: 582-8452
High School Phone: 582-2158 Fax: 586-9297

TREATMENT ORDER FORM

Medical Condition: _____

School Year: _____

Student Name: _____ Birth Date: _____

Parent/Guardian Name _____ Phone _____

Health Care Provider Name _____ Phone _____

Health Care Provider Orders and Special Instructions

This student has a Potential Life Threatening Condition: Yes: ____ No: ____

(life threatening means a condition that will put the child in danger of death during the school day if a medication or treatment order providing authority to a registered nurse and nursing plan are not in place)

Symptoms to watch for: _____

If student exhibits any of the above symptoms, give/do: (Please be as specific as possible) *All medications require an Authorization for Administration of Oral Medication Form*

When to call 911:

Classroom accommodations: No: ____ Yes: ____ (please specify)

Physical Activity accommodations: No: ____ Yes: ____ (please specify)

Additional Orders: _____

Health Care Provider Signature

Date

Phone Number