

River City Christian School

Diagnosis and Prescribed Medication – RCCS PHYSICIAN FORM

2019-2020 School Year

(Physician Completes Information)

TAKE THIS FORM TO THE PRESCRIBING PHYSICIAN TO COMPLETE AND SIGN

(Doctor's office may be contacted for clarification)

This **DIAGNOSIS AND PRESCRIBED MEDICATION FORM** must be completed and signed by the student's physician. The Parent/guardian must also sign. Please return this completed and signed form to the RCCS nurse or office personnel. The parent must deliver medication with prescription label directly to the school nurse or office personnel.

Student's Name: _____ Date of Birth _____
 Physician Name: _____ Phone _____

Physician's Diagnosis and Health Care Information

Please provide the student information **in second column** where applicable; if not applicable indicate by N/A:

Date of Last Physical Exam	
Diagnosis	
List any physical restrictions and length of time for restrictions	
Indicate No PE, recess, other activities	
List specific procedures during school hours, if any	
Emergency Instructions	

LIST ALL PRESCRIBED MEDICATION

Name of Medication	Dosage	Frequency of Doses	Indicate at Home or School
1.			
2.			
3.			
4.			
5.			
Length of time _____			
Any Restrictions? _____			

Physician's Signature _____ Date _____

Physician's Printed Name _____

 Parent/Legal Guardian Signature (Father) Date _____

 Parent/Legal Guardian Signature (Mother) Date _____