



PICAYUNE SCHOOL DISTRICT NURSING DEPARTMENT
706 Goodyear Blvd Picayune, MS 39466 Phone: 601 749 3083 Fax: 601 798 2508

LYNDE LUCKIE, RN ————— DIRECTOR OF NURSING

ROSELAND PARK

Ph: 601 798 6824 Fax: 601 798 1894

SOUTH SIDE UPPER

Ph: 601 798 1105 Fax: 601 798 6032

WEST SIDE

Ph: 601 798 3625 Fax: 601 798 1879

PICAYUNE MEMORIAL HIGH SCHOOL

Ph: 601 798 1380 Fax: 601 799 4705

NICHOLSON

Ph: 601 798 6309 Fax: 601 798 1558

SOUTH SIDE LOWER

Ph: 601 799 0683 Fax: 601 798 6371

PICAYUNE JUNIOR HIGH

Ph: 601 798 5449 Fax: 601 799 4715

CENTER FOR ALTERNATIVE EDUCATION

Ph: 601 799 0684 Fax: 601 799 0325

PHYSICIAN FORM FOR MEDICATION ADMINISTRATION AT SCHOOL

Student Name _____

Date _____ Name of School _____

Diagnosis _____

Name of Medication _____

Dosage _____

Route _____ Time _____

Start Date _____ Discontinue Date _____

Possible Side Effects _____

Physician Signature _____

Physician Phone # _____

All medication orders must be renewed at the beginning of each school year.

All medications must be brought to school *by an adult* with a completed Medication Administration Packet.

THE SPACE BELOW IS ONLY FOR STUDENTS WHO WILL ADMINISTER THEIR OWN EPINEPHRINE AND/OR ASTHMA INHALER:

Has this student been adequately instructed by you or your staff and demonstrated competence in self administration to the degree he/she may self administer his/her medication at the school, provided the school nurse has determined it is safe and appropriate for this student in this particular school setting? YES _____ NO _____