

**DOÑA ANA COUNTY HEAD START**

**Box 30001, MSC 3R**

**Las Cruces, NM 88003**

**Office: (575) 647-8733 ext. 123 Fax: (575) 647-8734**

**1304.22 (c)(3)**



**PHYSICIAN'S ORDER FOR PRESCRIBED MEDICATION/OTHER (1)**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Center: \_\_\_\_\_ Person Administering: \_\_\_\_\_

Name of Medication/Other: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Date Medication/Other Began: \_\_\_\_\_ Date Medication/Other Will End: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time of Administration: \_\_\_\_\_

Frequency: \_\_\_\_\_ Desired Effects: \_\_\_\_\_

Route of Medication/Other: *Oral* \_\_\_\_\_ *Inhaled* \_\_\_\_\_ *Topical* \_\_\_\_\_ *Other* \_\_\_\_\_

Specific Directions or Information for Administration: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Does this disability result in the student's reduced efficiency in class because of temporary or chronic lack of:

STRENGTH      \_\_\_ YES    \_\_\_ NO

VITALITY        \_\_\_ YES    \_\_\_ NO

ALERTNESS      \_\_\_ YES    \_\_\_ NO

- With regards to the child's ability to function in the normal classroom environment what degree would you say the impairment hinders the child's educational performance?

NOT AT ALL \_\_\_                    MILD DEGREE \_\_\_

MODERATE DEGREE \_\_\_        SEVERE DEGREE \_\_\_

- Is there an accommodation that our center will need to make, in the classroom, for this child?

\_\_\_ YES    \_\_\_ NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician or Dentist

\_\_\_\_\_  
Date

<b>ENTERED INTO CHILDPLUS</b>
BY: _____
DATE: _____