



# PHYSICIAN EXCHANGE OF INFORMATION FORM

*Please note: ALL information on this form must be provided.*

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Medication/Procedure	Dosage	Frequency	Administration Time	Reason for being Prescribed	Handling/Storage and/or Equipment/Devices	Method of Administration

Are the above-listed essential medications and/or procedures required to be administered during the regular school hours for the health or well-being of the student? Yes \_\_\_\_\_ No \_\_\_\_\_

Can the essential medication(s) be safely given and/or the essential procedure safely administered by a non-medical person? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional relevant information (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date