FULTON COUNTY SCHOOLS
VERBAL ORDER FORM

STUDENT'S NAME: _____ DOB: _____

NURSE REQUESTING: _____ PHONE: _____

RETURN TO/SCHOOL: _____

_____

PHONE: _____ FAX: _____

DATE	PROCEDURE/MEDICATION Include description, dose, time, frequency and route	START DATE	END DATE

SIGNATURE/ Title and Date of Person Accepting Orders: _____

I CONFIRM ISSURANCE OF THE ABOVE VERBAL ORDER: _____

Physician's Signature & Date

_____

_____

_____

address and phone number of Physician

Due to state and federal requirements the enclosed form must be returned to us within 7 working days

09/03