



# PHYSICIAN'S ORDER FOR SUPPLEMENTAL OXYGEN

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

- The student's licensed health care prescriber must complete and sign section 1 of this form at the beginning of each school year.
- Parent/guardian must sign the bottom of this form in section II at the beginning of each school year.
- This completed form must be on file in the student's health record before oxygen can be administered in school.
- Parents must supply school staff with all needed supplies.

## I. Prescriber's section

Prescriber's name/title (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

### ROUTE:

- Tracheostomy     
  Ventilator     
  Nasal cannula     
  Mask

### FREQUENCY:

- Continuous     
  As needed, list indications: \_\_\_\_\_
- \_\_\_\_\_

Amount (L/min): \_\_\_\_\_ titrate based on pulse ox? \_\_\_\_\_

Pulse oximeter use at school? \_\_\_\_\_ if yes, parameters: \_\_\_\_\_

Other/special instructions: \_\_\_\_\_

**Prescriber's signature/title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

II. I hereby request a trained staff member to administer the above procedure and/or medication(s) according to the physician's instructions as listed above. I agree to furnish all equipment, supplies, medication or other necessary items and replenish as needed

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_