



Health Services

Physician's Order Cover Letter

Name: _____ DOB: _____ Student ID#: _____
Campus: _____ Grade: _____ Date: _____

Dear Dr. _____ :

Your patient, _____, is enrolled at _____ .
The parents/guardians have requested that prescription medication and/or special health care procedures requiring a physician's signature be administered during school hours. Please review the enclosed orders for accuracy, revised as needed, and provide your signature. A return envelope is enclosed for your convenience.

Thank you for your assistance.

Sincerely,

School Nurse

Enclosure