



Learning Today. Leading Tomorrow.

## PUPIL MEDICATION ORDER

I hereby request the School Nurse to give \_\_\_\_\_ the medication prescribed according to the written instructions below. This student would not be able to attend school if the medication is not administered during school hours. They are free of contagious disease and physically fit to attend school.

Diagnosis:

Name of medication:

Dosage:

Time of administration:

Time medication will be discontinued:

Potential side effects:

Restrictions this medication might have on the student's activities:

If PRN, under what conditions is the medication to be used:

May medicine be repeated and how often:

Please list other medications child receives that might enhance, alter or impact the effects of this medication (including over the counter medicine):

Date: \_\_\_\_\_

MD Signature \_\_\_\_\_

MD Name (printed): \_\_\_\_\_

I hereby request the school nurse to give \_\_\_\_\_ the medication prescribed according to the written instructions above. I understand that the nurse and physical will communicate with one another as needed in order to safely and effectively carry out these medical orders. I further understand that this releases the school personnel from liability should a reaction result from the medication.

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_