

**2020-2021 MEDICAL PROFESSIONAL'S ORDER FOR ADMINISTRATION OF
PRESCRIPTION MEDICATIONS TO STUDENTS DURING THE SCHOOL DAY**

No prescription medication brought in by the student will be administered to the student while at the School without a written order from the student's private physician.

A medical professional must fill out the form listing the name of the medication, the purpose of the medication's administration to the specific for whom it is prescribed, proper timing and dosage, possible, side effects, and when the medication should be discontinued.

Student Name: _____

Name of prescribed medication: _____

Purpose: _____

Dosage: _____

Time of Day: _____

Possible side effects: _____

Medication is to be dispensed: _____ from _____ to _____

_____ the entire school year

**MEDICATION MUST BE DELIVERED TO THE SCHOOL'S MAIN OFFICE IN THE ORIGINAL
CONTAINER LABELED BY THE PHARMACY OR PHYSICIAN**

Medical professional's signature: _____ Date: _____

Medical professional's name: _____

Address: _____

Telephone: _____ Fax: _____