

Shawsheen Valley Technical High School

Nurses' Office Medication Order Form

This written medication order form should be taken to your child's licensed prescriber (your child's physician, nurse practitioner, etc.) for completion and returned to the school nurse. This order must be renewed as needed and at the beginning of each academic year.

Student Information

Student's Name: _____ Address: _____
Date of Birth: _____
Grade: _____ Shop: _____

Provider Information

Provider's Name: _____ Phone: _____
Provider's Office: _____ Fax: _____

Medication Information

Medication: _____ Diagnosis: _____
Dose: _____ Side Effects: _____
Route: _____ Contraindications: _____
Frequency: _____ Date of Order: _____
Time of administration: _____ Date of Discontinuation: _____

Consent for self-administration (*appropriateness may be evaluated by school nurse.*)

Yes
No

Signature of Licensed Prescriber: _____ Date: _____