



## FOXBOROUGH PUBLIC SCHOOLS

Foxborough, Massachusetts 02035  
SCHOOL HEALTH SERVICES

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HIGH SCHOOL	(508)543-1630	FAX (508)543-1679	BURRELL SCHOOL	(508)698-6524	FAX (508)698-6525
AHERN MIDDLE SCHOOL	(508)543-1646	FAX (508)543-1654	IGO SCHOOL	(508)543-1684	FAX (508)543-1695
NURSE LEADER	(508)698-6524	FAX (508)698-6525	TAYLOR SCHOOL	(508)698-9825	FAX (508)698-6523

### Medication Order to be Completed by a Licensed Prescriber

(This form will only support ONE medication per page. Please feel free to make copies!!!)

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Name and title of the licensed prescriber (Please print): \_\_\_\_\_

Business telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency telephone #: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Route: \_\_\_\_\_ Frequency: \_\_\_\_\_ Time of Admin: \_\_\_\_\_

(Please note: Whenever possible, medication should be scheduled at times other than school hours)

Specific directions or information for administration: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Discontinuation Order: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Consent for self-administration, providing school nurse determines it is safe and appropriate:

Yes \_\_\_\_\_ No \_\_\_\_\_

May this medication be held on field trip days with parental consent: Yes \_\_\_\_\_ No \_\_\_\_\_

Any other medical conditions: \_\_\_\_\_

Optional Information:

1. Side effects, contraindications, or possible adverse reactions to be observed: \_\_\_\_\_

2. Other medications taken by the student: \_\_\_\_\_

Signature of Licensed Prescriber: \_\_\_\_\_

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