

**Monson Public Schools**  
Medication Order Form  
(to be completed by a licensed prescriber)

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Name of Licensed Prescriber \_\_\_\_\_

Title \_\_\_\_\_ Business Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Medication \_\_\_\_\_

Route of administration \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Time(s) of Administration \_\_\_\_\_

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

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

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

Diagnosis\* \_\_\_\_\_

Any other medical condition(s)\* \_\_\_\_\_

Special side effects, contraindications, or possible adverse reactions to be observed: \_\_\_\_\_

Other medication being taken by the student: \_\_\_\_\_

Consent for self administration (provided the school nurse determines it is safe and appropriate).    Yes \_\_\_\_\_ No \_\_\_\_\_

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

\* if not in violation of confidentiality.