



# DARTMOUTH PUBLIC SCHOOLS

8 Bush Street, Dartmouth, MA 02748

Phone: 508-997-3391 Fax: 508-991-4184 Website: www.dartmouth.school

## MEDICATION ORDER

(To be completed by a Licensed Prescriber and returned to school nurse)

Cushman Elementary School 508-910-1454-Fax	James M. Quinn Elementary School 508-997-6257-Fax	Joseph DeMello Elementary School 508-990-2519-Fax
George H. Potter Elementary School 508-990-0250-Fax	Dartmouth Middle School 508-999-7720-Fax	Dartmouth High School 508-961-1620-Fax

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Name/Title of Licensed Prescriber: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Emergency Telephone Number: \_\_\_\_\_

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

Route of Administration: \_\_\_\_\_ Dosage: \_\_\_\_\_

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

**Please Note:** Whenever possible, medications should be scheduled at times other than school hours. Over-the-Counter medications will require a written order to be administered in school.

Special Directions/Information for Administration: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Discontinue Order: \_\_\_\_\_

Diagnosis (If not in violation of confidentiality): \_\_\_\_\_

Any other Medical Condition(s): \_\_\_\_\_

### Additional Information:

- Special side effects, contra-indications, or possible adverse reactions to be observed:  
\_\_\_\_\_
- Other Medications being taken by the student: \_\_\_\_\_
- The date of the next scheduled visit or when advised to return to the prescriber: \_\_\_\_\_

Consent for self-administration provided the school nurse determines it is safe and appropriate:  Yes  No

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