

CARDINAL SPELLMAN HIGH SCHOOL

738 COURT STREET • BROCKTON, MASSACHUSETTS • 02302-2898 TEL (508) 583-875 x33
FAX (508) 580-1977

**PRESCRIPTION MEDICATION ORDER
TO BE COMPLETED BY
A LICENSED PRESCRIBER:
PHYSICIAN, NURSE PRACTITIONER
OR
OTHER AUTHORIZED BY CHAPTER 94C**

Name of Student _____ DOB ____/____/____

Address _____ Grade _____

Name of Licensed Prescriber _____ Title _____

Business Telephone No. _____ - _____ - _____

NAME OF MEDICATION _____

Dosage _____

Frequency _____

Other Orders _____

Special Side Effects, Contraindications, or possible adverse reactions to be observed:

Consent for self-administration (provided that R.N. determines it is safe and appropriate)

Yes _____ No _____

Prescriber Signature _____ Date _____