

**Office of the School Nurse**

Smith Vocational and Agricultural High School 80 Locust St.  
Northampton, MA 01060 Telephone: (413) 587-1414 ext  
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**Prescriber's Medication Order Form**

(To be completed by a licensed prescriber)

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

Address \_\_\_\_\_ Grade \_\_\_\_\_  
(Street) (City/Town)

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

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

Medication \_\_\_\_\_

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

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

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

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

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

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

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**Optional Information**

1. Special side effects, contraindications, or possible adverse reactions to be observed:
  
2. Other medication being taken by the student: \_\_\_\_\_
  
3. Consent for self administration (provided the school nurse determines it is safe and appropriate). Yes \_\_\_\_\_  
No \_\_\_\_\_

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