



ST. BERNADETTE SCHOOL MEDICATION ORDER FORM

266 MAIN STREET NORTHBOROUGH, MA 01532

TELEPHONE: 508.351.2945 FAX: 508.351.2941

TO BE COMPLETED BY A LICENSED PRESCRIBER

NAME OF STUDENT: _____ DOB: _____

ADDRESS: _____

DIAGNOSIS: _____

NAME OF LICENSED PRESCRIBER, TITLE	
PRACTICE NAME	
PRACTICE PHONE #	

WHENEVER POSSIBLE, MEDICATION SHOULD BE SCHEDULED DURING HOME HOURS

MEDICATION	
DOSE	
ROUTE	
TIME/FREQUENCY	

SPECIFIC DIRECTIONS OR INFORMATION REGARDING ADMINISTRATION, SIDE EFFECTS, CONTRAINDICATIONS, OR POSSIBLE ADVERSE REACTIONS:

START DATE: ____/____/____

D/C DATE: ____/____/____

LICENSED PRESCRIBER SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____