GREATER NEW BEDFORD REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL

Nurse's Office | 508-998-3321 ext. 204/205 | FAX 508-998-4647

1121 Ashley Boulevard • New Bedford, Massachusetts 02745-2496 • 508-998-3321 • FAX: 508-995-7268

Medication Order

(To Be Completed By A Licensed Prescriber – Physician, Nurse Practitioner, or Others Authorized by Chapter 94)

Student's Name:	DOB:	Grade:	
Address:	City:	State:	Zip:
Name/Title of Licensed Prescriber:	Business Phone:	Emergency Phone:	
Medication:	Dosage:		
Route of Administration:	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:

1. Special side effects, contra-indications, or possible adverse reactions to be observed:

2. Other Medications being taken by the student:

3. 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:

Comments: