

LEVERETT ELEMENTARY SCHOOL

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Leverett, Massachusetts 01054
(413) 548-9144
Fax 413-548-8148

MEDICATION ORDER

(To be completed by a Licensed Prescriber: Physician, Nurse Practitioner or others authorized by Chapter 94C).

Name of Student _____ Date of Birth _____

Address _____ Grade _____

Name of Licensed Prescriber _____ Prescriber Phone _____

Medication _____

Dosage _____

Route of Administration _____

Frequency _____

Time(s) of Administration _____

(Please note: Whenever possible, medication should be scheduled at times other than school hours)

Date of Order _____ Discontinuation Date _____

Specific directions or information for administration _____

Specific side effects, contraindications, or possible adverse reactions to be observed _____

Diagnosis (if not in violation of confidentiality) _____

Any other medical conditions (if not in violation of confidentiality) _____

Other medications being taken by student _____

Date of next scheduled visit or when advised to return to prescriber _____

Prescriber Signature

Date

The Leverett School District assures that all programs, activities, and employment opportunities are offered without regard to race, color, gender, gender identity, creed, ethnic background, national origin, economic status, homelessness, sexual orientation and physical or mental disability.