



**Standard Medication Order Form**  
**For ALL Medications to be Administered During School Hours**  
*Los Medicamentos que se Administrarán Durante el Horario Escolar*

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Gender:** M / F

**Prescription Form to be completed by the ordering Physician/Nurse Practitioner.** *El Formulario de Prescripción debe ser completado por el Médico/Enfermera Profesional que realiza el pedido.*

**Start Date Order is in effect:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_  
(All Medication orders need to be renewed each academic year on a separate order form.)

**Name of Medication / Nombre del Medicamento:** \_\_\_\_\_

**Medical Diagnosis for use of this Medication:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Administration: Route:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **or / PRN**

**PRN Medication guidelines: Frequency:** \_\_\_\_\_ **(Please circle) May repeat:** x 1 or 2

**Specific Indication/Directions for PRN Medications:**

\_\_\_\_\_  
\_\_\_\_\_

**Side Effects:** \_\_\_\_\_

If this RX is for an Inhaler or Epi-pen can this student self-administer? **Yes / No**

**Print:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date Ordered:** \_\_\_\_\_

**Physician/Nurse Practitioner Signature**

**Please provide physician's office stamp in space provided:**

**I request that my child be assisted in taking the above medication as prescribed by the PCP/NP during school hours by an authorized person or is permitted to self-medicate themselves as prescribed by the physician and authorized by me. I give my permission for the nurse to discuss with the prescriber and school staff as necessary information on this form.** Solicito que una persona autorizada me ayude a mi hijo a tomar la medicación mencionada anteriormente según lo prescrito por el PCP / NP durante las horas escolares o se me permite auto-meducarse según lo prescrito por el médico y autorizado por mí. Doy mi permiso para que la enfermera discuta con el prescriptor y el personal escolar la información necesaria en este formulario.

\_\_\_\_\_  
**Parent/Guardian Signature / Firma del Padre/Tutor**

\_\_\_\_\_  
**Date / Fecha**

**Home Phone/Teléfono Residencial:** \_\_\_\_\_ **Cell Phone/Teléfono Celular:** \_\_\_\_\_

**Emergency Phone/Teléfono de Emergencia:** \_\_\_\_\_ **Relation/Relación:** \_\_\_\_\_

**School Nurse Signature:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_