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-medicarse 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:**_____