LYNN PUBLIC SCHOOLS
SCHOOL HEALTH SERVICES
Prescriber Authorization for Medication Administration in Schools

MEDICATION ORDER FORM

Name of Student_________________________________ Date of Birth_____________ Sex_____  
Address_________________________________________ School_________________ Gr/Rm #______

**This section is to be completed by a Licensed Prescriber: Physician, Nurse Practitioner  
or other authorized by Chapter 94C**

Name of Licensed Prescriber____________________________ Title____________________

Business Telephone # ___________________________ Emergency # __________________

Medication _________________________________ Route of Administration______________

**(A separate form must be completed for each medication)**

Dosage_________ Frequency_________ Time(s) of Administration__________

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

Specific direction or information for medication administration:

____________________________________________________________________________________
____________________________________________________________________________________

Date of order_______________________ Discontinuation date_____________________

Diagnosis*_________________________ Any other medical condition(s)*____________

Allergies*_________________________________________________________________________

Optional Information
1. Special side effects, contraindications, or possible adverse reactions to be observed:

____________________________________________________________________________________

2. Other medication being taken by the student__________________________________________

3. The date of next scheduled visit or when advised to return to the Prescriber:______________

4. Consent for self administration (provided the school nurse determines it is safe and appropriate)  
   Yes_________ No_________

Signature of Licensed Prescriber__________________________ Date____________________

*If not in violation of confidentiality

Revised 2/2014
KMM