

MEDICATION ORDER

Student's Name _____ Date of Birth _____

Diagnosis _____

Medication Name _____ Dosage _____

Route of Administration _____

Time(s) of Administration _____

Duration of Treatment _____

Can Medication Be Dispensed On Half-Days? _____

Can Medication Be Dispensed On Field Trips? _____

Can Patient Self-Administer Medication? _____

Date of Order _____

Discontinue Date _____

Signature of Licensed Prescriber _____