

**Pond Road Middle School  
Health Services Department**

TEL 609-632-0940, Ext. 4011  
FAX 609-918-901

Ginny King, RN School Nurse  
Gail Cipolloni, RN School Nurse

**REQUEST FOR MEDICATION**

\_\_\_\_\_  
**STUDENT'S NAME**

\_\_\_\_\_  
**TEACHER/GRADE**

The school nurse cannot dispense medication to your son/daughter during school hours unless the physician completes the order in section one below. After the physician completes section one, the parent/guardian must place their signature in section two along with the date.

The administration of medication in the school should be avoided whenever possible. However, when a student's attendance is contingent upon the receipt of medication during school hours, a physician may request it be given by the school nurse.

Should medication be prescribed before, during, or after meals, please so indicate since students' lunch periods are scheduled at different times throughout the day.

The medication must be brought into school by the parent/guardian of the student in the original pharmacy container, labeled according to standards along with this completed medication order sheet.

A Request for Medication Order Sheet is required for each medication.



**SECTION ONE (to be completed by the physician)**

I hereby request that the above-named student be administered medication as prescribed by me:

Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_

Route \_\_\_\_\_

Dosage \_\_\_\_\_

Time of administration \_\_\_\_\_

Side effects \_\_\_\_\_

Date to begin \_\_\_\_\_

Date to end \_\_\_\_\_

Name of physician (printed) \_\_\_\_\_

Signature of physician \_\_\_\_\_

Telephone number \_\_\_\_\_



**SECTION TWO (to be completed by parent/guardian)**

I request that the certified school nurse administer the above medication to the student as prescribed. I shall deliver the medication to the school in the original container, appropriately labeled by the pharmacy or physician.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**