



P O R T S M O U T H   A B B E Y   S C H O O L

**PHYSICIAN ORDER FORM FOR MEDICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medication: \_\_\_\_\_

\_\_\_\_\_

Dosage: \_\_\_\_\_

Route: \_\_\_\_\_

Time of Administration\*: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Special Instructions (Optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Please note** - If appropriate, please indicate any time limitations during which medication must be administered, ie: Ritalin 20mg SR q am between 7:30 + 10:00 a.m. It must also be specified if it is not necessary for a student to take a medication such as Ritalin or Dexedrine on weekends, holidays, etc. The Infirmary will only follow the written instructions of the physician.

Prescribed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Address : \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

THIS FORM MAY BE PHOTOCOPIED FOR OTHER PRESCRIPTIONS.