



**DIGHTON-REHOBOTH REGIONAL SCHOOL DISTRICT**

SUPERINTENDENT OF SCHOOLS' OFFICE 2700

Regional Road

North Dighton, MA 02764

**Palmer River School** Phone: 508-252-5100 Fax: 508-252-5110

**MEDICATION ORDER FORM  
TO BE COMPLETED BY  
PHYSICIAN OR NURSE PRACTITIONER**

Name of student: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

Doctor of NP Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication to be given in school: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_ Time of Administration: \_\_\_\_\_

List specific directions or information pertinent to medication: \_\_\_\_\_

\_\_\_\_\_

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

Date of this Order: \_\_\_\_\_ Date Medication to be discontinued: \_\_\_\_\_

Please list any other medications or conditions that might affect this course of treatment:

\_\_\_\_\_

Please list any side effects of this medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of licensed prescriber

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone