

NORTHERN LINCOLN ELEMENTARY
LICENSED PRESCRIBER MEDICATION ORDER FORM

Student Name: _____ DOB: _____

SECTION 1 – PRESCRIBER INFORMATION

1. Licensed Prescriber's Name: _____

2. Title: MD DO NP PA Other: _____

3. Business Phone: _____ Fax: _____

SECTION 2 – MEDICATION INFORMATION

1. Child's Diagnosis: _____

2. Medication Name: _____

3. Dose: _____ Frequency: _____

3. Route: PO Inhaled IM SC Other: _____

4. Reason for medication/diagnosis: _____

***Please note: Any deviation from the scheduled time requires a new order**

Please list any other medication student is taking at home:

Date: _____ Prescriber's Signature: _____

Please return this form to: School Nurse