

Holy Spirit High School  
500 S New Road  
Absecon, NJ 08201  
(609) 646-3000

**PHYSICIAN MEDICATION ORDER FORM**  
♦ SIGNED ORIGINAL ORDER REQUIRED ♦

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

*\*Please provide a separate form for each medication that is to be administered.*

\*PHYSICIAN TO COMPLETE:

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

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

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Precautions/Side Effects: \_\_\_\_\_

Date: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

*(Original Only / No signature stamps please)*

Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

- Please note: A school nurse may not always be available during school hours to administer this medication. Contact the school office to obtain times and days the nurse is assigned.
- A medication order is effective July 1 - June 30 of each school year and must be renewed annually.

I give permission for *(name of student)* \_\_\_\_\_

To receive medication at school as prescribed by Dr. \_\_\_\_\_

I WILL BRING THE MEDICATION (PRESCRIPTION OR NON-PRESCRIPTION) TO SCHOOL IN THE ORIGINAL CONTAINER, PROPERLY LABELED AND WILL PICK UP ANY UNUSED MEDICATION.

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date