ST. THOMAS AQUINAS
HIGH SCHOOL

197 Dover Point Road, Dover, NH 03820
603 742 3206 fax 603 749 7822
www.stalux.org

Physician / Provider Order for Medication Administration

Permission to Administer Prescription Medications

Prescription medicines must be accompanied by a written order from the prescriber. A responsible adult will deliver the medicine to school in a pharmacy labeled container listing the students name, the name of medicine, and the instructions. Not more than a 30-day supply will be accepted. The nurse upon receipt will count all medication.

Name		DOB
Name of Medication	Dose	Route
Frequency	Start Date	End Date
Diagnosis		
Side Effects or Contraindications		

In your opinion, does this student show the capability to carry and self-administer the above named medication (please circle): YES NO

Licensed Health Care Provider

Office: _____ Provider: _____

Phone:_____ Fax:_____

Signature:_____ Date:_____

Parent Signature:_____ Date:_____

Parent Permission to carry and self-administer: YES NO

School Nurse Signature:_____ Date:_____

St. Thomas Aquinas Medical Team
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