

MEDICATION ORDER

It is best for students to take medication at home. When this is not possible, Newport News Public Schools will cooperate in the administration of medication during school hours.

Orders are required for all prescription and over the counter medications, supplements and herbal remedies. The asthma action plan is on the reverse of this form.

1. Medication orders are valid for the **current school year** in which they are written. New orders are required each school year. Daily medication orders must include a specific time (“lunchtime” is not acceptable as lunch varies from 10:00 a.m.-1:00 p.m.). Provider and parent signatures are required.
2. Prescription medications must be brought to school by the parent or guardian in the container labeled by the pharmacy. Over the counter medications such as Tylenol, Motrin, etc. must be received in the original, unopened container. Expired drugs will not be given. Any medication remaining on the last day of school must be picked up by a parent or it will be disposed of.

Student Name: _____ Birthdate: _____

Diagnosis: _____

Date of Order: _____

Medication: _____

Dosage: _____ Time: Daily @ _____ OR PRN every _____ hours

Effective Dates: Current School Year OR Short Term - From _____ To _____

Duration cannot exceed current school year.

Comments: _____

_____ Student needs to carry this medication on his/her person at all times, has been trained by medical provider on how to use, and understands when to seek assistance.

Medical Provider’s Signature: _____

Print: _____ Phone Number: _____

I request that the school give the above medication as ordered by the provider. I give permission for the school nurse to contact the medical provider if indicated to carry out this order.

Parent/Guardian Signature

School Student Attends