



Prince George's County Public Schools
Prescriber's Medication Order Form

Prescription and Non-Prescription Medication

ONE medication per form

This order is valid **ONLY** for school year (current) _____ including the ESY/summer session.

Name of School: _____

FOR COMPLETION BY PARENT(S)/GUARDIAN(S):

Full Name of Student: _____ Date of Birth: _____ Grade: _____

Known Allergies: None Specify: _____

- I hereby authorize the medication described below to be administered as directed by my child's health care prescriber.
- I understand that the prescriber will be called if a question arises about my child's medication as allowed by HIPAA.
- I understand that ALL medications must be labeled with the name of the medication, name of the student, name of the prescriber, date, and directions for administration and prescription medication(s) must be labeled by a registered pharmacist.
- I understand that I must supply the school with the equipment/supplies needed to administer the medication.
- I understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded.
- I understand 911 will be called immediately if a medical condition warrants it.

Parent/Guardian Signature: _____ Date: _____

Home phone #: _____ Cell phone #: _____ Work phone #: _____

FOR COMPLETION BY PRESCRIBER

Medication Name: _____ Dose: _____ Route: _____

Reason for medication: _____

Time of day medication is to be given: _____ Frequency: _____

If PRN, for what symptoms: _____

Side effects: _____

Special Instructions: _____

Date medication began: _____ Date medication discontinued: _____
Month/ Day/ Year Month/ Day/ Year

Prescriber's Name / Title: _____
(Please print or type)

Telephone: _____ FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____
(Original Signature or signature stamp only)

Order reviewed by RN/LPN: _____ Date: _____

Medication Administration Record (MAR)

Student Name: _____

DOB: _____

Allergies: _____

Medication, Dose, Route, Time/Frequency	Mo Yr	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	Aug																																
Sep																																	
Oct																																	
Nov																																	
Dec																																	
Jan																																	
Feb																																	
Mar																																	
Apr																																	
May																																	
Jun																																	
Jul																																	

**** Circle around box indicates SEE PROGRESS NOTE****

* Disposition Code: **A** = Absent **R** = Refused **NMA** = No Medication Available **D** = Destroyed **X** = School Closed

Signature(s) of Medication Administrators	Position	Initials

Signature(s) of Medication Administrators	Position	Initials

