



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			
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**** 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

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